



Personal Contents in Storage Insurance Application

Name of Applicant _____ Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ Email Address _____

Have you ever had a Claim for Personal Contents in Storage? Yes No

If Yes, Please explain: _____

Have you ever had Insurance cancelled or refused? Yes No

If Yes, Please explain: _____

[* Required for Binding]

* Name of Facility _____ * Storage Unit(s) Number _____

*Address _____ *City _____

Province _____ Postal Code _____ Phone Number _____

*Individual Locked Storage Unit or Individual Locked Container - Yes No

*Storage Facility is Fenced with Gate - Yes No

*Storage Facility has 24 Hr Controlled Access - Yes No

Policy Effective Date _____ Number of Months Required: _____

Personal Contents

("all risks" / Replacement Cost / 80% Co-Insurance / \$250 deductible) Limit: _____

Premium Collected \$ _____

Premium Fully Earned

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.

Applicants Signature: _____ Date: _____

Brokers Name: _____ Brokers Phone: _____

Brokers Email: _____ Brokers Fax: _____