

Storage facility application

Date:

Hagerty Broker #

General information

Named Insured:

DBA Name (if any):

Nature of Business/Operations:

Contact Name:

Title:

Daytime Phone:

Email:

Website:

Number of Years in Business:

FEIN #:

Individual Partnership Corporation Joint Venture

Non-Profit Subchapter S LLC

Mailing Address:

City:

State:

Zip Code:

Have there been any losses in the past 5 years?

Yes No (3 year loss runs required, if applicable)

Prior carrier information

Policy term:

Proposed effective date:

Target Premium:

Employee Information

Total Number of Employees: Please list all employees below. If total number exceeds 7, please use this worksheet.

Name: Job Title: Part Time Full Time Driver: Yes No

If Driver: DOB: Driver's License #: State:

Name: Job Title: Part Time Full Time Driver: Yes No

If Driver: DOB: Driver's License #: State:

Name: Job Title: Part Time Full Time Driver: Yes No

If Driver: DOB: Driver's License #: State:

Name: Job Title: Part Time Full Time Driver: Yes No

If Driver: DOB: Driver's License #: State:

Name: Job Title: Part Time Full Time Driver: Yes No

If Driver: DOB: Driver's License #: State:

Name: Job Title: Part Time Full Time Driver: Yes No

If Driver: DOB: Driver's License #: State:

Location information

Location 1

Same as Mailing Address

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Are you the Building Owner? Yes No

Are you a Tenant? Yes No

Are there other tenants in your building(s)? Yes No
If Yes, describe operations, protection, etc.:

Need Tenants, Betterments, Improvements Coverage? Yes No

Value: _____

Are there any additional insureds? Yes No
If Yes:

Name: _____

Address: _____

Insurable Interest: _____

Requested Limits:

Building: _____

Business Personal Property: _____

Business Income: _____

Construction (check all that apply):

Frame Joisted Masonry Non-Combustible

Masonry Non-Combustible Fire Resistive

Building Square Footage: _____

Number of Stories: _____ Year Built: _____

Year of Last Update: Electrical Plumbing

Roofing Heating Other

Any History of Flooding/Water Back-up? Yes No
If Yes, explain:

Distance to Fire Hydrant: _____ feet

Distance to Fire Station: _____ miles

Note Adjacent Exposures: _____
(distance, type of exposure, etc.)

Central Station Fire Alarm? Yes No
(Mandatory)

Central Station Burglar Alarm? Yes No
(Mandatory)

Is the Building Sprinklered? Yes No
(percentage)

Deductible:

\$1,000 \$2,500 \$5,000 Other _____

Location 2

Same as Mailing Address

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Are you the Building Owner? Yes No

Are you a Tenant? Yes No

Construction (check all that apply):

Frame Joisted Masonry Non-Combustible

Masonry Non-Combustible Fire Resistive

Building Square Footage: _____

Number of Stories: _____ Year Built: _____

Year of Last Update: Electrical Plumbing

Roofing Heating Other

Location 2 continued

Are there other tenants in your building(s)?

Yes

No

If Yes, describe operations, protection, etc.:

Any History of Flooding/Water Back-up?

Yes

No

If Yes, explain:

Distance to Fire Hydrant:

feet

Distance to Fire Station:

miles

Need Tenants, Betterments, Improvements Coverage?

Yes

No

Value:

Note Adjacent Exposures:

(distance, type of exposure, etc.)

Are there any additional insureds?

Yes

No

If Yes:

Name:

Central Station Fire Alarm?

Yes

No

(Mandatory)

Central Station Burglar Alarm?

Yes

No

(Mandatory)

Is the Building Sprinklered?

Yes

(percentage)

No

Insurable Interest:

Requested Limits:

Building:

Business Personal Property:

Business Income:

Deductible:

\$1,000

\$2,500

\$5,000

Other

Additional coverage checklist**Are you interested in a quote for any of the following?**

Umbrella Coverage

Workers Compensation Coverage

Directors & Officers Coverage

Crime Coverage

Cyber Coverage

EPLI Coverage

How did you hear about us?

Referral

Magazine

Field Sales

Internet

Other

Collector vehicle storage facility details

Named Insured:

Hours of Operation: _____

Do customers have access to their vehicles? _____

Yes

No

Describe customer vehicle intake/discharge process:

Are customers allowed to service vehicles on premises?

Yes

No

Do you offer any services to vehicles left in your care?

Yes

No

If Yes, please explain:

Are there any special events held on premises?

Yes

No

If Yes:

How many are held annually?

Annual revenue generated by special events:

Do you transport customer vehicles?

Yes

No

If Yes:

Do you use a third party source?

Yes

No

Customer vehicle transit coverage desired over \$250,000?

Yes

No

Are participants or vendors required to provide proof of liability?

Yes

No

Are alcoholic beverages provided?

Yes

No

Current number of vehicles in storage: _____

Maximum capacity of stored vehicles: _____

Maximum total value of all stored autos: _____

Highest valued individual stored auto: _____

Please attach copy of storage agreement