

STORE ALL CONTENTS PROTECTION

Name of Tenant:			
Unit #:	Start Date: Frommm/dd/yy		
Description of Stored Ite	ms	Value	
Total Insured Value			

Important: Please do not under-insure/under report the values stored in your unit. Every Policy has the Average Clause which will limit the amount you will get paid in a claim. For example, if you only declare 50% of the items/value you have in the storage unit, the insurers have the right to proportionally reduce the claim by 50%. It is very important to declare the correct values in your unit.

Please inventory and document the contents and value of the items stored, including photos, videos, serial numbers and purchase receipts (if available). This is important to keep for any claims.

This insurance coverage may duplicate coverage already provided by your personal homeowner's insurance policy. However, the deductibles will likely be different.

The following catastrophes are covered: *Fire, Hurricane, Burglary, Earthquake, Riot & Strike, Malicious Damage, Flood, Aircraft Damage, Impact Damage, Burst Water Pipes.*

Exclusions: The policy does not cover the storage of flammable oils, fuels or any other explosive property or combustible material.

There is a limit for Jewellery/Artwork/ Electronic items of \$2,500 in total unless these items are individually noted and agreed.

There is no coverage for items that have gone 'missing.' There must be physical damage to the Unit to allow entry/exit for Burglary peril to apply.

Deductibles:

There is no deductible for fire. There is a 2% Catastrophe deductible for any damage caused by hurricane, earthquake, volcanic eruption, windstorm, overflow of the sea with a minimum of \$350.00. All other deductibles are \$350.00.

I understand that Store All Inc. does not automatically insure my items, and is not responsible for damage or loss to my stored property. Therefore, I am signing up for Contents Protection.

I/We hereby agree that this proposal shall be the basis between Me/Us and the Company. I/We declare that the statements made are true and correct to the best of my/our knowledge and belief, and I/We agree to accept and abide by the Company's form of policy for the risk now proposed. If any answer has been written by any other person, such person shall for this purpose be deemed to be my/our agent.

Signature:	Date:

SUM	MONTHLY	
INSURED	RATE	
\$1,000.00	\$12.00	
\$2,000.00	\$17.50	
\$3,000.00	\$20.00	
\$4,000.00	\$22.50	
\$5,000.00	\$25.00	
\$7,500.00	\$27.50	
\$10,000.00	\$30.00	
\$15,000.00	\$35.00	
\$20,000.00	\$40.00	
\$25,000.00	\$45.00	
\$30,000.00	\$50.00	
\$35,000.00	\$55.00	
\$40,000.00	\$60.00	
\$45,000.00	\$65.00	
\$50,000.00	\$70.00	