

INSURANCE ELECTION AGREEMENT

Enclosed Storage Space Coverage



CUSTOMER INFORMATION

Name _____
Address _____
City, State, Zip _____
Daytime Phone #: _____
Email Address _____

FACILITY INFORMATION

Name Center Marks Self Storage
Address 1285 Marks Road
City, State, Zip Valley City, OH, 44280
Facility Number: OH14301 Storage Space # _____

Fax form to: 1-844-814-4660
Email form to: enrollments@storsmartinsurance.com

I UNDERSTAND AND AGREE THAT THIS STORAGE FACILITY DOES NOT INSURE MY PROPERTY & HAS NO RESPONSIBILITY TO PROVIDE INSURANCE. MY PROPERTY IS STORED AT MY SOLE RISK & I HAVE AGREED TO INSURE MY PROPERTY AGAINST LOSS.

NEW HAMPSHIRE INSURANCE COMPANY APPLICATION FOR INSURANCE

Certificate Number OH14301 MM/DD/YY
Facility # Space # Coverage effective date

I elect to obtain this insurance coverage for my property exclusively available through Property First Group LP, an insurance agency. I want to purchase the following amount of insurance with 100% Burglary and Robbery coverage:

Limit of Coverage:	\$2,000	\$3,000	\$5,000	\$7,500	Other
Monthly Premium:	\$9	\$13	\$22	\$32	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT: I understand that the amount noted above is the Premium I must pay for the Limit of Coverage I have selected. I authorize the Owner of this storage facility to conduct the administrative function of receiving the monthly Premium to send to the insurance agency on my behalf. I understand that a portion of the Premium I am agreeing to pay for insurance covers the storage facility's cost of collecting, accounting for, and remitting premiums to the insurance agency. I have read and completed this Insurance Election Agreement to apply for the coverage. I have received and read a copy of the Certificate of Storage Insurance for New Hampshire Insurance Company Master Policy #10570468.

COVERAGE EFFECTIVE DATE: The insurance will become effective on the later of the completion of this application, payment of the Premium, and the start date of the lease.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THIS FACILITY AND ITS EMPLOYEES ARE NOT QUALIFIED OR AUTHORIZED TO EVALUATE THE ADEQUACY OF ANY INSURANCE YOU MAY HAVE. QUESTIONS REGARDING THIS STORAGE INSURANCE PROGRAM SHOULD BE DIRECTED TO PROPERTY FIRST GROUP INSURANCE AGENCY.

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THIS STORAGE INSURANCE PROGRAM AS OF THE DATE AND TIME SIGNED BELOW.

Tenant (lessee) Signature _____ Date: _____ Time: _____ am/pm

Agent/Producer Signature: *Michael Rhoads* Agent/ Producer Name: Michael Rhoads
State License #: OH 42395

Offered by:
Property First Group LP, an insurance agency, 2451 Kingston Court, York, PA 17402 1-888-545-7627 PA License #588404
123087 (07/16)