

**INSURANCE ELECTION AGREEMENT**

**Enclosed Storage Space Coverage**



**CUSTOMER INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_  
Email Address \_\_\_\_\_

**FACILITY INFORMATION**

Name RT 303 Storage  
Address 2601 Center Road  
City, State, Zip Hinckley, OH 44233  
Facility Number: OH14303 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** OH14303  
Facility # Space # Coverage effective date

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

<b>Limit of Coverage:</b>	\$2,000	\$3,000	\$5,000	\$7,500	Other
<b>Monthly Premium:</b>	\$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, 2451 Kingston Court, York, PA 17402 1-888-545-7627 PA License #588404  
123087 (07/16)