



Presented by Ponderosa INSURANCE AGENCY, LLC

# TENANT ACKNOWLEDGEMENT ADDENDUM

**You are responsible to have coverage for your stored items**

## SAFESTOR COVERAGE

- ✓ Tornado
- ✓ Smoke
- ✓ Hurricane
- ✓ Leaking Water
- ✓ Earthquake
- ✓ Explosion
- ✓ Wind
- ✓ Fire
- ✓ Hail
- ✓ Burglary
- ✓ Lightning
- ✓ Vermin

\* Please see Safestor brochure for exclusions.

This enrollment form contains only a general description of coverage and does not constitute an insurance contract.

The facility will provide you a Certificate of Insurance.

**I understand that this storage facility does not insure my goods and is not responsible for damage or loss to my stored property.**

- I confirm that this facility has recommended that I provide proof of insurance coverage or immediately obtain coverage for my stored property.
- I confirm that Safestor Tenant Insurance has been offered.

**Yes, I want to cover my stored items with Safestor Tenant Insurance with the coverage limit selected.**

- I understand that coverage is effective immediately at time of payment.
- I understand that the monthly rate to cover my stored goods is being collected by the facility and forwarded to the insurer as a courtesy.
- I understand that the storage facility is not responsible for paying my monthly premium if I fail to make payments.
- I understand that the facility may retain a portion of the monthly tenant insurance premium payment to cover the administration of the policy.

SELECT ONE	COVERAGE LIMIT	RATE
<input type="checkbox"/>	\$1,000	\$7.95
<input type="checkbox"/>	\$5,000	\$10.95
<input type="checkbox"/>	\$10,000	\$20.95
<input type="checkbox"/>	\$15,000	\$35.95

**No, I decline participation in Safestor Tenant Insurance.**

- I understand that by declining coverage I am completely responsible for any loss or damage to my property including but not limited to: *mold, vermin, water damage, fire/smoke, tornado/hurricane, earthquake, lightning/hail, and burglary.*
- I understand that the storage facility is not responsible for loss or damage to my stored goods and agree to hold this storage facility harmless.
- I understand that if I have a homeowner's or renter's insurance policy it may exclude coverage for my goods stored away from my primary residence or provide only limited coverage for these items.

Insurance Company Name: \_\_\_\_\_

Type:  Homeowners  Renters  Business Owners  Other \_\_\_\_\_

Policy #: \_\_\_\_\_ Deductible: \_\_\_\_\_

I acknowledge that I have read the above information and have selected the best option for me.

Customer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Unit #: \_\_\_\_\_