

INSURANCE ELECTION AGREEMENT
 Enclosed Storage Space Coverage



CUSTOMER INFORMATION

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

FACILITY INFORMATION

G & J Mini Storage - 1385 Access
 1385 Access Rd
 Covington, GA 30014
 Facility Number: **GA16801** 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 GA16801
 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:

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 KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 #: GA161628