

INSURANCE ELECTION AGREEMENT
Enclosed Storage Space Coverage



CUSTOMER INFORMATION

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

FACILITY INFORMATION

Name Shepard Storage - 178 New County Road
 Address 178 New County Road
 City, State, Zip Thomaston, ME 04861
 Facility Number ME12001 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 ME12001
 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.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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 #: ME AGN19946

Offered by:
 Property First Group LP, 2451 Kingston Court, York, PA 17402 1-888-545-7627 PA License #588404