

SBOA Tenant Insurance Program

Tenant Participation Addendum

You may participate in coverage arranged by the storage facility. I understand that participation in SBOATI is not mandatory. NEITHER THE STORAGE COMPANY NOR ITS LEASING AGENT ARE LICENSED INSURANCE AGENTS. PLEASE CALL MYERS AND BELL INSURANCE AGENCY WITH YOUR QUESTIONS 888-288-9148.

LESSEE INFORMATION

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____ Unit # _____

I have read the rental agreement and understand this self-storage facility / Management Company is a commercial business renting space and is not responsible for loss or damage to property stored at this facility. _____ initial

COVERAGE SECTION

The acceptance of this coverage by Aegis Security Insurance Co. is based on certain underwriting requirements. This addendum is not an insurance contract. We will provide you:

Select a Limit: \$2000 \$3000 \$5000

Monthly Fee: \$8.00 \$12.00 \$20.00

Type of goods stored: Household / Personal Property Business / Trade Property

Describe: _____

OPTION 1 – I will participate in the Inland Marine SBOATI program from Myers and Bell Insurance Agency, a licensed insurance agency. I hereby elect to satisfy my obligation to secure insurance coverage for my stored personal property/contents through SBOATI. In doing so, I have selected the limit and monthly cost identified above. I understand that a portion of the cost I pay will be used to pay the storage company's and/or management company's cost for collecting, accounting for and remitting the SBOATI premium to the insurer(s) licensed to underwrite the insurance provided pursuant to SBOATI. I also understand that a portion of the cost I pay may be retained by the storage company and/or management company as profit. I also understand that SBOATI only provides coverage for personal property/contents while stored at this storage facility. The insurance provided through SBOATI is underwritten by Aegis Security Insurance Company. The specific coverage, policy terms, conditions and exclusions are described in the policy issued by Aegis Security Insurance Company. I understand that it is my obligation to read and understand the coverage, policy terms, conditions and exclusions described in the policy. Coverage while this storage facility is under a wildfire, hurricane or tornado warning or watch will not become effective until 12:01 am the day after such warning or watch has been lifted. Insurance under SBOATI does not include coverage for loss due to surface waters or flooding. Flood insurance is available through the National Flood Program. By signing this application, I agree that if my insurance premium is more than 30 days past due under the terms of the certificate of insurance my coverage will terminate. If I am renting the same unit, I authorize reinstatement of this insurance under these same terms and conditions. I also agree that, if there is damage or loss to my property after the coverage terminated for non payment, there is no coverage and I will not file a claim for that damage with the insurance company.

OPTION 2 – I will not participate in the Inland Marine SBOATI program from Myers and Bell Insurance Agency. I have contacted my insurance agent/company and confirmed I have coverage for my personal property/contents. I have provided evidence of insurance and agree to keep coverage in force during the term of my lease.

Name of Insurance Company _____ Policy # _____
Signature(s) _____ Date _____

OPTION 3 – I will not participate and acknowledge and agree that this action places no burden, responsibility or liability on this storage facility. I acknowledge and agree that any loss or damage to my goods or person that occurs while my goods are in storage is fully my responsibility and at my expense, and I waive any right to sue for any such damages.

To access a copy of the policy, go to: www.sboati.com (click on the INSURED button, then CERTIFICATE) or call 1-888-288-9148 and select # 5.

I have my copy of the Tenant Participation Addendum. _____ initial

Signature(s) _____ Date _____



A. M. Best A Rated Company

Administered by:
MYERS AND BELL INSURANCE AGENCY INC.
PO Box 266, Silver Spring, PA 17575-0266a

One copy to Lessee; one copy in Lessee file.