

SELF-STORAGE CONTENTS INSURANCE COVERAGE SELECTION FORM

CUSTOMER'S INFORMATION

Customer's Name(s): _____ Effective Date: _____
Customer's Address: _____ Unit #: _____
City, State, Zip: _____
Daytime Phone #: _____
Email Address: _____

CONTENTS INSURANCE COVERAGE SELECTIONS (Initial one box and sign below)

- A. I OPT TO PARTICIPATE IN STORAGE PROTECTORS CONTENTS INSURANCE PROGRAM. The coverage, provided by Chaucer Insurance Company DAC and administered by Carstin Insurance Partners, AZ License no. 1800003983, is for goods contained in the rented Unit(s). Covered causes of loss include **burglary**, fire or lightning, sonic boom, explosion, windstorm or hail, smoke, aircraft or vehicles, riot or civil commotion, vandalism, sinkhole collapse, falling objects, weight of snow, ice, or sleet, and water damage; all coverage subject to the terms and conditions of the policy. **Flood coverage is not provided.** Coverage is in effect only in the event you pay the cost listed below and you continue to pay each billing cycle period through the duration of your agreement.

Coverage Limit:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000
Monthly Cost:	\$15.00	\$25.00	\$45.00	\$60.00	\$75.00

Deductibles - Covered Property in a rented Unit:

\$100 - \$2,000 to \$10,000
\$350 - Over \$10,000

I understand a portion of the cost I pay is applicable to the Storage Company's expense in collecting, accounting, and remitting payment to the Insurance Company.

- B. I OPT TO PROVIDE THE COMPANY WITH EVIDENCE OF IN PLACE CONTENTS INSURANCE COVERAGE FOR CONTENTS CONTAINED IN THE RENTED UNIT(S).

EVIDENCE OF CONTENTS INSURANCE COVERAGE MUST BE SENT ALONG WITH THIS FORM TO CARSTIN INSURANCE PARTNERS C/O STORAGE PROTECTORS AND RECEIVED WITHIN FOURTEEN (14) DAYS FROM THE DATE OF THIS EMAIL.

- C. I understand and hereby agree that Mast Farm Storage does not insure or guarantee against loss of Customer's property stored in the Unit(s), and Mast Farm Storage has no liability whatsoever as to claims for loss or damage to such property. I hereby waive any and all claims against Mast Farm Storage for loss of and/or damage to any property stored in the rented Unit(s), and acknowledge hereunder that I have been and am self-insuring for this.

Tenant's Signature(s): _____ Date: _____

FAILURE TO SIGN AND RETURN THIS FORM WITHIN FOURTEEN (14) DAYS FROM THE DATE OF THIS EMAIL WILL AUTOMATICALLY ENROLL YOU IN THIS PROGRAM FOR THE MINIMUM AMOUNT OF COVERAGE.

Airpark / Carstin Insurance Partners. AZ Insurance License No. 1800003983 Administers this Program.
Direct all Insurance related questions and requests to: Carstin Insurance Partners, 20 E. White Mountain Blvd.
#A5. Box 301 Lakeside, AZ 85929 Office: (833) 659-7867 Email: sp-questions@carstin.com