

# TENANT RESPONSIBILITY RENTAL AGREEMENT ADDENDUM

Your signature on this lease addendum is required as proof that customer storage insurance has been made available to you. The addendum will be retained by this facility as part of your lease or rental agreement. If you choose to participate in the MiniCo tenant insurance program, coverage will be provided through a licensed Agent.

**I understand that this self-storage facility and/or its management:** (1) Is not responsible for loss or damage to my property; (2) Does not provide insurance for my stored property; (3) Requires that I provide my own insurance coverage or be uninsured (personally responsible for any loss); (4) Is a commercial business renting space and is not a bailee or warehouseman.

**I acknowledge that I have read the above information which explains the MiniCo tenant insurance program that is available to me. NEITHER THE STORAGE COMPANY NOR THE LEASING REPRESENTATIVE IS AN INSURANCE AGENT.**

**ELECT TO: (Please select and initial one)**

**PURCHASE** MiniCo tenant insurance which provides insurance coverage for my stored property against burglary, storms, smoke, fire, earthquake, lightning, rodents and more. The selected amount of premium is to be included in my invoices each billing period.

INITIAL  
HERE

Type of Goods Stored:  Household and Personal Goods  Commercial Commodities  
Policy Delivery Method:  E-Mail (provide below)  U.S. Mail

Select One	Coverage Limit	Monthly Premium
<input type="checkbox"/>	\$ 2,500	\$ 9.00
<input type="checkbox"/>	3,000	12.00
<input type="checkbox"/>	5,000	20.00
<input type="checkbox"/>	7,500	29.00
<input type="checkbox"/>	10,000	38.00
<input type="checkbox"/>	15,000	57.00
<input type="checkbox"/>	20,000	75.00

Coverage is underwritten by Safeco Insurance Company of America. If you have questions about coverage, call the Agent shown below. A Customer Policy Certificate of Insurance will be sent to you by the method selected above. The Tenant Responsibility Addendum-Insurance Enrollment Form contains general and descriptive information; the Customer Policy Certificate of Insurance is the contract. This policy may duplicate coverage already provided by a renter's or homeowner's policy, personal liability policy or other source of coverage. There is zero deductible on this policy.

**ACCEPT FULL RESPONSIBILITY FOR ANY LOSS.**

I am not interested in MiniCo tenant insurance coverage at this time, but I realize I may apply for insurance coverage at any time throughout the duration of my lease and prior to any loss.

INITIAL  
HERE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and civil penalties.

**I Agree:**  YES  NO (Required)

The company reserves the right to request an inventory and appraisal of your items in storage. In the event of a loss, the insured is responsible for producing an accurate record of damaged and undamaged articles and proof of ownership. I further understand and agree that the issuance of coverage is based on this application.

**I Agree:**  YES  NO (Required)

## INSURANCE ENROLLMENT FORM/EVIDENCE OF INSURANCE

Name:		
Address:		Apt #
City:	State:	ZIP:
E-Mail Address:		
Daytime Phone Number:		Unit #
Tenant's Signature		

**Facility:** PARKGLENN SELF STORAGE

**Address:** 10144 PARKGLENN WAY

**City:** PARKER

**State:** CO

**ZIP:** 80134

**Facility Phone Number:** 720-733-7974

**Qualified Facility #** 0172627

**Master Policy #**

**Coverage Effective Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Agent:** MiniCo Insurance Agency, LLC  
2531 West Dunlap Avenue  
Phoenix, Arizona 85021-2704

**Toll Free Phone Number:** 800-544-6464  
**E-Mail Address:** insurance@tenantone.com  
**CA License Number:** 0H04984

**Fax Number:** 800-637-4981  
**File Claims:** 800-528-1056

**PLEASE FAX OR E-MAIL A COPY OF THIS FORM TO MINICO INSURANCE AGENCY, LLC, UPON LEASE COMPLETION.**

<b>MiniCo Office Use Only</b>	Policy Number:
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