



PROVIDED BY  
**Ponderosa**  
INSURANCE AGENCY, LLC

## TENANT ACKNOWLEDGEMENT ADDENDUM

You are responsible to have coverage for your stored items

**I understand that this storage facility does not insure my goods and is not responsible for damage or loss to my stored property.**

• I confirm that this facility has recommended that I provide proof of insurance coverage or immediately obtain coverage for my stored property.

• I confirm that Safestor Tenant Insurance has been offered.

SELECT ONE	Coverage Limit	Rate
<input type="checkbox"/>	\$5,000	\$11.95
<input type="checkbox"/>	\$10,000	\$21.95
<input type="checkbox"/>	\$15,000	\$36.95

### SAFESTOR COVERAGE

- ✓ Tornado
- ✓ Smoke
- ✓ Hurricane
- ✓ Leaking/Rising Water
- ✓ Earthquake
- ✓ Explosion
- ✓ Wind
- ✓ Fire
- ✓ Hail
- ✓ Burglary
- ✓ Lightning
- ✓ Vermin

**Yes, I want to cover my stored items with Safestor Tenant Insurance with the coverage limit selected.**

- I understand that coverage is effective immediately at time of payment.
- I understand that the monthly rate to cover my stored goods is being collected by the facility and forwarded to the insurer as a courtesy.
- I understand that the storage facility is not responsible for paying my monthly premium if I fail to make payments.
- I understand that the facility may retain a portion of the monthly tenant insurance premium to cover the administration of the policy.

**No, I decline participation in Safestor Tenant Insurance.**

- I understand that by declining coverage I am completely responsible for any loss or damage to my property including but not limited to: *mold, vermin, water damage, fire/smoke, tornado/hurricane, earthquake, lightning/hail, and burglary.*
- I understand that the storage facility is not responsible for loss or damage to my stored goods and agree to hold this storage facility harmless.
- I understand that if I have a homeowner's or renter's insurance policy it may exclude coverage for my goods stored away from my primary residence or provide only limited coverage for these items.

Insurance Company Name: \_\_\_\_\_

Type: \_\_\_\_\_

Policy #: \_\_\_\_\_ Deductible: \_\_\_\_\_

I acknowledge that I have read the above information and have selected the best option for me.

Customer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: **00/00/0000** Unit #: \_\_\_\_\_

\*Please see Safestor brochure for exclusions.

This enrollment form contains only a general description of coverage and does not constitute an insurance contract.

The facility will provide you a Certificate of Insurance.