



Portable Storage Certificate of Insurance

- New Certificate
- Renewal Certificate

Certificate Term _____/_____/_____

To the earliest of:

12:01 am. On _____/_____/_____

OR

- Immediately upon vacating the storage unit

Portable Storage Number: _____

Name: _____

Address: _____

Phone: _____

Alternate Phone: _____

INSURANCE COST:

Insurance cost of \$25.00 is per four (4) week period limited to \$5,000 commencing on the date shown above.

Initial here: _____

Our insurance program is a "Board Form" coverage designed to protect your personal goods against loss or damage while in our self storage facility in accordance with the terms of our user agreement. The coverage follows:

- A maximum of \$5,000 per unit.
- A \$500 deductible per claim
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Our insurance program provides coverage for such things as:

- Water Damage
- Fire
- Smoke
- Theft
- Vandalism
- Earthquake
- Flood from a natural or man made body of water.

Our insurance program does *not* cover the following:

- Growing plants, trees, shrubs, flowers, etc.
- Live animals, fish or birds
- Money, cash, bullion, precious metals, coins, stamps, etc.
- Automobiles, watercrafts, aircrafts, trailers, snowmobiles, motor, etc...
- Furs, fur garments, jewels, jewellery, costume jewellery, watches, pearls, precious or semi-precious stones, etc...
- Property on loan or rental, under conditional sale, etc...
- Mould, fungi, or fungal derivatives
- Damage as a result of humidity or change in temperature
- Discolouration in furniture, wood, wood finishes, etc...
- Damage from rodents, insects or vermin
- Damage by you to your own goods
- Loss of data
- Dishonest or criminal acts
- Pollution
- Reproduction or documents and records

Recommendations:

- Keep a list and/or pictures of the items you are storing in our facility.
- Keep a receipts or proof of purchases where possible
- If you are storing goods valued in excess of \$5,000 please contact your insurance broker/agent to arrange coverage through your home or business insurance policy.

Disclaimer: The coverage's are described in everyday language; for details refer to the policy contract wording.

Signature of Authorized Representative: _____

Dated: _____

Signature of Customer: _____

Dated: _____