

SAFESTOR ADDENDUM TO STORAGE CONTRACT

Protecting your goods in storage is your responsibility

I understand and agree that while this self-storage facility takes precautions to provide clean, dry and secure storage rooms, **I acknowledge and understand that this storage facility does not insure my goods, and has no responsibility to provide insurance, and this storage facility is not responsible for damage or loss that may occur to my goods while in storage.** I understand that it is a requirement of this storage facility that I maintain insurance covering my goods for as long as they are in storage. I have elected to meet this requirement in the following manner:

Option One (Recommended)

Purchase Safestor Insurance.

Safestor offers the following coverage limits and rates. Please see the Safestor brochure for coverages and exclusions. **CIRCLE THE MONTHLY RATE UNDER THE COVERAGE LIMIT YOU DESIRE.**

Coverage Limits	\$1,000	\$5,000	\$10,000	\$15,000
With 50% Burglary	\$6	\$8	\$16	\$24
With 100% Burglary	\$10	\$15	\$30	\$42

Option Two

- I have contacted my insurance agent and I have confirmed that I have insurance coverage for my goods away from my primary residence through my homeowner's policy or renter's policy, and I am aware of my policy's deductible. I have attached a copy of my insurance company's declarations page as proof of coverage.** I acknowledge and understand that when storing goods away from my primary residence the coverage can be limited and can carry a higher than normal deductible. (This self-storage facility makes no representations concerning whether a homeowner's or renter's policy covers goods while in storage.) I acknowledge and understand that my choice of this option places no burden, responsibility or liability upon the storage facility. I acknowledge and agree to hold this storage facility harmless from any loss or damage that occurs to my goods while in storage and that this is fully at my expense.

WRITE YOUR INSURANCE COMPANY NAME HERE: _____

Agents Name	Deductible Amount	Agents Phone Number
_____	\$ _____	_____
Type of Goods stored	Policy Number	
_____	_____	

Option Three

- I request that the insurance requirement to maintain insurance for my goods while in storage be waived. I acknowledge and understand that this waiver of the insurance requirement places me in the position of a self-insurer. I acknowledge and understand that this waiver places no burden, responsibility or liability upon the storage facility. I acknowledge and understand that the storage facility does not insure my goods, and has no responsibility to provide insurance. **I acknowledge and agree that loss or damage that occurs to my goods while in storage is fully at my expense.**

I understand that it is a requirement of this storage facility that I maintain insurance covering my goods for as long as they are in storage. I have elected to meet this requirement via the manner indicated above, option number _____

Name: _____

Unit Number: _____

Signature: _____

Date: _____