



AGENT: MiniCo, Inc.  
 2531 West Dunlap Avenue  
 Phoenix, Arizona 85021  
 Toll Free Phone Number:  
 1-800-253-5858  
 Fax: 1-800-637-4981

**COVERED LOSSES:**

- BURGLARY <sup>1</sup>
- WATER DAMAGE <sup>2</sup>
- FIRE
- EARTHQUAKE
- LIGHTNING
- WINDSTORM
- BUILDING COLLAPSE
- EXPLOSION
- HAIL
- SMOKE
- RIOT
- VANDALISM

<sup>1</sup> Burglary losses must be reported to the police and facility management. Please see policy for more information.

<sup>2</sup> Does not include loss due to surface waters or flooding. Flood insurance is available through the U. S. Government and the National Flood Program

***Insuring Your Property Is Your Responsibility.***

TENANT RESPONSIBILITY ADDENDUM

Your signature on this lease addendum is required as proof that tenant 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 Pay-With-Rent 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 Pay-With-Rent tenant insurance program that is available to me.**

**NEITHER THE STORAGE COMPANY NOR THE LEASING REPRESENTATIVE IS AN INSURANCE AGENT.**

**I ELECT TO: (Please select and initial one, then sign below)**

INITIAL  
HERE

**PURCHASE** insurance coverage for my stored property against burglary, storms, fire and more.

A premium of \$ \_\_\_\_\_ is to be included in my invoices each billing period.

Coverage amount \$ \_\_\_\_\_

Policy Number: \_\_\_\_\_

Type of Goods Stored: (Please check one)

- Household and Personal Goods
- Commercial Commodities
- Household and Commercial Goods

Select One	Coverage Limit	Monthly Premium
<input type="checkbox"/>	\$ 2,000	\$ 8.00
<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 above. This Tenant Responsibility Addendum contains general and descriptive information; the Customer Policy Certificate of Insurance is the contract.*

INITIAL  
HERE

**ACCEPT FULL RESPONSIBILITY FOR ANY LOSS.**

I am not interested in 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.

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

Please Print Name \_\_\_\_\_

Date \_\_\_\_\_ Space No. \_\_\_\_\_