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Universal Insurance Facilities, Ltd.
Supplemental Underwriting Questionnaire And Documentation
Telephone: 602-222-8300
pluss@univins.com
www.uipluss.com

INSTRUCTIONS: Please answer all of the questions on this application as completely as possible. If you have any questions or problems, please contact Universal's self-storage specialist at 602-222-8300 or by e-mail pluss@univins.com.

Facility Information			
Company Name: _____			
Facility Name: _____			Loc. No.: _____ of _____
Street Address: _____			
City: _____	State: _____	Zip Code: _____	County: _____

Facility Underwriting Information	
Total No. Buildings: _____ Total Square Footage: _____ Total No. Rentable Units: _____ Is Facility Originally Designed for Self-Storage Use? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Describe: _____ Building Construction Exterior Wall Material: _____ *If Metal Indicate Gauge: _____ Joisting: _____ *If metal Indicate Gauge: _____ Roof Material: _____ *If Metal Indicate Gauge: _____ Age of Roof: _____ Condition of Roof: _____ Interior Partitions: _____ *If Metal Indicate Gauge: _____ Number of Stories: _____ Age of Oldest Building: _____ Is Facility Fully Fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No Controlled Gate Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Gate Access: _____	Surveillance Cameras? <input type="checkbox"/> Yes <input type="checkbox"/> No Lighted at Night? <input type="checkbox"/> Yes <input type="checkbox"/> No Individual Door Alarms Hardwired? <input type="checkbox"/> Yes <input type="checkbox"/> No Rental Office On Site? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Manager Reside on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Any Other Business or Service Besides Self-Storage Located on Your Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES; describe: _____ Daily Inspection of Property Includes: Lock Check <input type="checkbox"/> Yes <input type="checkbox"/> No Open Empty Units <input type="checkbox"/> Yes <input type="checkbox"/> No "Odor" Identification <input type="checkbox"/> Yes <input type="checkbox"/> No Tenant Identification Requirements: Positive Photo Identification Proof <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Address <input type="checkbox"/> Yes <input type="checkbox"/> No Fingerprint <input type="checkbox"/> Yes <input type="checkbox"/> No Thank You Card Response <input type="checkbox"/> Yes <input type="checkbox"/> No Background Checks <input type="checkbox"/> Yes <input type="checkbox"/> No Credit Reports <input type="checkbox"/> Yes <input type="checkbox"/> No National Self-Storage Association (SSA) Member <input type="checkbox"/> Yes <input type="checkbox"/> No State Self-Storage Association (SSA) Member <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe or attach maintenance program:	