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UNIVERSAL
INSURANCE PROGRAMS
A World of Difference in Specialty Risk

P: 602-222-8300
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QUICK QUOTE FORM

Epic ID: _____

Today's Date: _____

Effective Date: _____

Need By Date: _____

CUSTOMER INFORMATION

Legal Entity Name: _____

DBA: _____

Type of Business: Corporation Partnership Sole Proprietorship LLC

Contact Name: _____ Phone: _____

Years in Business: _____ Email: _____

Mailing Address (Street): _____

City/State/Zip: _____

Website: _____

Current Insurance Carrier: _____ Current Premium: \$ _____

Expiration Date: _____

Are you an association member? Yes No

Are you part of a franchise? Yes No

Do you offer tenant insurance? Yes No

LOSS HISTORY

Has your insurance ever been cancelled, denied, or non-renewed? Yes No

If Yes, give reason: _____

Please list all losses: None

DESCRIPTION:	DATE:	AMOUNT PAID:
		\$
		\$
		\$



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FACILITY INFORMATION

Facility Address (Street): _____

City/State/Zip: _____ County: _____

General Liability Limit: _____

Medical Payment Limit: _____

Customer Goods Legal Liability Limit: _____

Sale and Disposal Liability Limit: _____

Employee Dishonesty Limit: _____ Number of Employees: _____

Identity Fraud? Yes No

Building and Business Personal Property Limit: _____ Deductible: _____

Equipment Breakdown? Yes No

Business Income (Estimated Annual Receipts): _____

What year was facility built? _____ Was it originally designed for self-storage? Yes No

Number of buildings: _____ How many stories? _____

Total building area (Gross square footage): _____

Number of rental spaces (inside building): _____ Open Lots RV/Boat: _____

Construction (exterior walls/partitions/roof, incl. metal gauge): _____

What type of access system do you use? _____

Video surveillance/monitoring? Yes No Facility fully fenced/enclosed? Yes No

Individual door alarms? Yes No Facility fully lighted at night? Yes No

Automatic sprinkler entire property? Yes No Any vacant land? Yes No

Central alarm entire property? Yes No If Yes, system monitors: Fire Burglar

Office on premises? Yes No Does Manager reside on premises? Yes No

Climate controlled? Yes No If Yes, Number of Buildings _____

Does Manager do daily lock checks? Yes No

Does Manager/Facility keep keys to units? Yes No If Yes, Details: _____

Positive identification requested to rent spaces? Yes No If No, Details: _____

Do you need Hired and Non-Owned Auto Coverage? Yes No

Does your company own any vehicles? Yes No

Current Occupancy Rate: _____%

Any non-storage operations on site? Yes No Describe: _____

ADDITIONAL INSURED/LOSS PAYEE/MORTGAGEE

Business Relationship: Additional Insured Loss Payee Mortgagee Other: _____

Name: _____

Address: _____

Email/Fax: _____