

Mail-In/Faxable Application: Our website allows you to apply for coverage online. However, if you are paying for this insurance with a check, money order, or if you just prefer to apply for coverage by mail, this Enrollment Form may be printed out and mailed to us.

This enrollment form can only be used to obtain insurance for property stored at the facility approved for this insurance as shown on our website, www.storage.insureyourstuff.com. It cannot be used if you store goods at a different location. All insured property must be stored in individual, locked spaces or on an approved open lot storage space designated in your rental agreement.

Your Nan	ne				
Company	trade or business property)				
Street					
	A. addresses only. We do n	not mail outside the U.S.A.) State Zip			
Home Te	I: Bus	s. Tel: Email plicy details sent to your email.			
The Location of Your Stored Property:					
Name of Sto					
City State Zip	Space/Locker Number				
Types of a	goods in storage:				
Busines	ss Property	Household Goods/Personal Property			
	Vehicle*				
*Licensed operated	vehicles are not eligible or in transit.	for coverage in Texas. No coverage is provided for vehicles	while being		
Description of	of stored property:				
See Next Pag	ge for Insurance Coverage	Options, Rates, Payment Options, and Your Authorization			
When Both I	Pages Have Been Complete	red:			
Mail To:	Deans & Homer PO Box 7057 Pasadena, CA 91109-	-9906			

Or, if you are paying by credit card, you may fax this enrollment to: (626) 578-0225

Insurance Rates

Space Number

You may purchase a 3 months policy, a 6 months policy or a full annual policy for the low premiums shown below for each amount of insurance coverage. The insurance premium and insurance amount will apply to each rental space number you request coverage for.

Amount of	3 Months	6 Months	12 Months
Insurance	Premium	Premium	Premium
\$2,000	\$20	\$37	\$72
\$3,000	\$29	\$55	\$108
\$4,000	\$38	\$73	\$144
\$5,000	\$47	\$91	\$180
\$7,500	\$70	\$136	\$270
\$10,000	\$92	\$181	\$360
\$15,000	\$137	\$271	\$540
\$20,000	\$182	\$361	\$720
\$25,000	\$227	\$451	\$900
\$30,000	\$272	\$541	\$1,080
\$35,000	\$317	\$631	\$1,260
\$40,000	\$362	\$721	\$1,440
\$45,000	\$407	\$810	\$1,620
\$50,000	\$452	\$901	\$1,800

Please enter the amount of insurance, the number of months and the indicated premium on the "Requested Insurance" chart below for each space.

Amount of Insurance

		Total of Premiums =			
To the best of my knowledge	e the statements and represe	entations made herein are acci	urate and complete.		
Signature		Date	Date		
Payment may be made by conclose and seal your paym Deans & Homer. To pay by concerns	nent with your mailed enroll	t card. If you are paying by ch ment form. Make your check formation below.	eck or money order, please or money order payable to		
Visa MasterCard	_ American Express Disco	over			
Credit Card Number		Exp. Date	CVV #		

Number of Months

Premium

Coverage is conditional upon premium payment. If you fail to enclose the correct premium payment or if your payment is rejected by your bank, this application is hereby rejected and no coverage shall take effect. Coverage for business personal property may be subject to underwriting approval. Coverage on applications made while the storage facility is under a hurricane watch or warning, or where an advisory or mandatory evacuation order is in effect, will not become effective until 12:01 a.m. on the day after the watch warning or evacuation order is lifted. Unless other restrictions described above apply, coverage begins at 12:01 a.m. on the day following the postmark on the envelope or the date a FAX transmittal has been received.