

Facility Name: JONES RIVER STORAGE

## TENANT ACKNOWLEDGMENT ADDENDUM



























## You are responsible to have coverage for your stored items

I understand that this storage facility does not insure my goods and is not responsible for damage or loss to my stored property.

- I confirm that this facility has recommended that I provide proof of insurance coverage or immediately obtain coverage for my stored property.
- . I confirm that Safestor Tenant Insurance has been offered.

Yes, I want to cover my stored items with Safestor Tenant
 Insurance with the coverage limit selected.

- . I understand that coverage is effective immediately at time of payment.
- I understand that the monthly rate to cover my stored goods is being collected by the facility and forwarded to the insurer as a courtesy.
- I understand that the storage facility is not responsible for paying my monthly premium if I fail to make payments.
- I understand that the facility may retain a portion of the monthly tenant insurance premium payment to cover the administration of the policy.

Cov	verage Limits	<b>Monthly Rates</b>
	\$1,000	\$7.95
☑	\$5,000	\$10.95
	\$10,000	\$20.95
	\$15,000	\$35.95

No.	I decline	participation	n in	Safestor	<b>Tenant</b>	Insurance.

- I understand that by declining coverage I am completely responsible for any loss or damage to my property including but not limited to: mold, vermin, water damage, fire/smoke, tornado/wind, earthquake, lightning/hail, and burglary.
- I understand that the storage facility is not responsible for loss or damage to my stored goods and agree to hold this storage facility harmless.

harmless.		
Insurance Company Name:		
Type:  Homeowners  Renters [	Business Owners	
Policy #:	Deductible:	
acknowledge that I have read the above informatio	n and have selected the best option for me.	
Customer Signature: Ouc	Date: 09/13/2024	*Flood and Rising Water are not covered. Please see Safestor brochure for full exclusions.
Print Name: <u>Jennie M Babcock</u>	Unit #: 4-21	This enrollment form contains only a genera description of coverage and does not constitute an insurance contract.
Producer Signature:	P Blake Johnson Producer	The facility will provide you a

PROVIDED BY







TITLE Insurance Form (Required)

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Signed Sep 13, 2024

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