



STOREINSURE CONVERTED BUILDING SUPPLEMENTAL APPLICATION

Named Insured:	
Facility Address:	
Original Construction Year:	Year Converted to Self Storage:
Original intended Occupancy:	
Gross Square Footage:	
Roof: Replaced ____ Updated ____ What year ____	
Was update or replacement completed or verified by a licensed contractor: _____	
Heating: Replaced ____ Updated ____ What year ____	
Was update or replacement completed or verified by a licensed contractor: _____	
Plumbing: Replaced ____ Updated ____ What year ____	
Was update or replacement completed or verified by a licensed contractor: _____	
Number of Stories: _____	Number of Elevators: _____
Occupancies other than self storage (if yes provide gross square footage and occupancy type)	
Fire Sprinkler System: Yes ____ No ____	
If Yes, please provide a copy of the current sprinkler maintenance agreement	

Insured Signature

Date