

## BADER PERSONAL PROPERTY PARTICIPATION FORM

The Lessee may participate in coverage arranged by the storage facility which covers personal property against fire, smoke, explosion, and windstorm. This coverage will be provided through a licensed Agent.

**NEITHER THE STORAGE COMPANY NOR THE LEASING AGENT ARE INSURANCE AGENTS.  
DIRECT QUESTIONS TO BADER COMPANY - Toll-Free Phone: 888-223-3726 or Fax: 888-329-2237**

### LESSEE INFORMATION

Lessee's name(s): <Tenant.FirstName> <Tenant.LastName>

Facility: <Site.Name>

Lessee's Address: <Tenant.StreetAddress1>

Address: <Site.StreetAddress1>

City, State Zip: <Tenant.City>, <Tenant.Region> <Tenant.PostalCode>  
<Site.Region> <Site.PostalCode>

County, City, State Zip: <Site.City>

Daytime Phone#: <Tenant.HomePhone>

Disk/Cylinder Lock: Yes

<ESign.Checkbox> No <ESign.Checkbox>

Email Address: <Tenant.Email>

Site ID: \_\_<Site.LocCode>\_\_

Effective Date: \_\_<Tenant.LeaseSignDate>\_\_ Unit#: \_\_<Tenant.UnitName>\_\_

### YES, I AGREE TO PARTICIPATE IN THE TENANT INSURANCE PROGRAM FROM BADER

**COMPANY**, a licensed insurance agency, and to pay the monthly premium when due. I understand that a portion of the price I'm agreeing to pay covers the storage company's cost of collecting, accounting for, and remitting premium to the insurance company. I understand the storage facility is not responsible for paying my premiums if I fail to make payment and I understand that failure to pay my premium when due will result in cancellation of the coverage.

**Check one: Coverage: \$2,000 \$3,000 \$5,000**

**Monthly Premium: <ESign.Checkbox> \$9 <ESign.Checkbox> \$13 <ESign.Checkbox> \$21**

**Additional Coverage Amount: \$ \_\_\_\_\_ (up to \$20,000) Coverage over \$5,000 subject to approval by Bader Company, and the submission of an inventory sheet. Code: \_\_\_\_\_**

**Type of Goods Stored: <ESign.Checkbox> Household Goods/Personal Property <ESign.Checkbox>**

**Business/Trade Property [<ESign.Checkbox> Vehicle, Boat/Trailer**

Describe

The Commercial Inland Marine Leased Premises Property Coverage Program provides coverage for your personal property while it is stored in the storage facility. The program is underwritten through The Pennsylvania Manufacturers' Association Insurance Company (PMAIC) and coverage is subject to their underwriting requirements. Coverage is not "all risk" and **flood coverage is not provided**. Property stored in open lots or non-fully enclosed, secured garages or storage units is not eligible. This participation form contains only a general description of coverage and does not constitute an insurance contract. You will be provided a Certificate of Property Insurance and a Summary of Coverage.

By signing below, I acknowledge that I understand the coverage I have agreed to purchase will terminate if my premium due is more than 30 days delinquent under the terms of my Summary of Coverage. I authorize re-instatement of said coverage under the same terms and conditions without completing a new participation form under the following circumstances:

1. I am still renting the same unit shown on my original participation enrollment form.
2. I understand that I will NOT be charged premium for the period during which coverage had been terminated and that there is NO COVERAGE for the period during which coverage had been terminated.
3. There is no loss or damage to any property stored in this unit. If there was damage to, or loss of, any property stored in the unit that occurred after the coverage terminated for non-payment, I understand that the coverage will not apply to this loss and I agree that I will not file a claim for said loss or damage

with the insurance company or storage facility.

Occupant Signature:     <ESign.Signature1>     Date:  
<Tenant.LeaseSignDate>

<ESign.Checkbox> I have content coverage of the type checked below. A copy of my policy Declarations page is attached as evidence of coverage. I agree to keep coverage in force during the term of my lease.

Insurance Company Name:     <ESign.TextboxOptional>     Homeowner's <ESign.Checkbox> Renter's  
<ESign.Checkbox> Business <ESign.Checkbox>

Policy Number:     <ESign.TextboxOptional>     Limit \$<ESign.TextboxTextboxOptional> Effective Date:  
<Tenant.LeaseSignDate>

Occupant Signature:     <ESign.Signature1>     Date:  
<Tenant.LeaseSignDate>

#pb

**MAIL COMPLETED FORMS TO:**

Agent:MaureenA.LeeCALicense:0H09038 Indianapolis,IN46280-1628 19777NorthCollegeAvenue |StorageInsurance-BaderCompany

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## **IMPORTANT NOTICE**

### **Attention: Insureds in California:**

For your protection, California law requires the following to appear with this form(s):

(A) It is unlawful to:

(1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of loss under a contract of insurance.

(2) Knowingly file multiple claims for the same loss or injury with more than one insurer with an intent to defraud the insurer.

(3) Knowingly prepare, make or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used as support of any such claim.

(B) Every person who violates any provisions of this section is punishable by imprisonment in the state prison for two, three, or four years, or by fine not exceeding ten thousand dollars (\$10,000), or by both.

### **Attention: Insureds in Colorado:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Attention: Insureds in Florida:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the Third Degree.

### **Attention: Insureds in Nevada:**

Any person who knowingly and willfully files a claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

### **Attention: Insureds in New Hampshire:**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **Attention: Insureds in New York and New Jersey:**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, (subject to criminal prosecution and civil penalties.)

### **Attention: Insureds in Ohio:**

Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

### **Attention: Insureds in Tennessee and Virginia:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### **Attention: Insureds in All Other States:**

Any person who knowingly and willfully files a claim that contains any false, incomplete, or misleading

information concerning a material fact is guilty of a felony.

**Administrative Office Toll Free Number: 888-223-3726 Address: 9777 N. College Avenue  
-Indianapolis, IN 46280-1628**