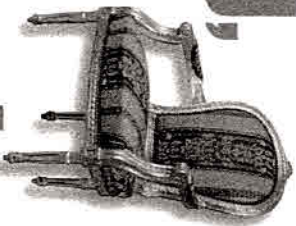


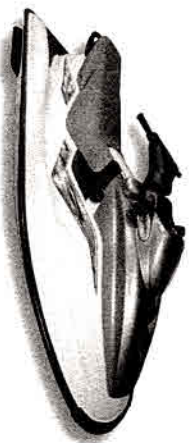
If it's Worth Storing,



it's Worth



Protecting!



Deans & Homer
Self Storage Insurance

Protect your stuff for pennies a day!

Fire, windstorm, roof leak or burglary can happen anywhere and to anyone. If your property is worth storing, it's worth insuring. Though caution has been taken to provide you with a safe and secure storage space, the self-storage facility may not be responsible for any damage that may occur.

What Kind Of Insurance Protection Do I Get?

- Fire
- Theft
- Water Damage¹
- Smoke Damage
- Windstorm
- Lightning
- Explosion
- Earthquake²
- Hail
- Riot
- Building Collapse

Among other extras, this policy will also extend your insurance protection to your property in transit to or from your rented storage space. Loss or damage caused by moths, insects, rodents or vermin is covered up to \$500.

How Do I Get Deans & Homer Storage Insurance?

Simply fill in the enrollment form, enclose your check, money order or credit card payment authorization and drop it in the mail. Your insurance coverage starts at 12:01 a.m. on the day after the date postmarked on the envelope. If there is no postmark, then coverage starts the day we receive your form. Your policy will be mailed to you within two weeks. It's that easy!

**For answers to your questions, please call us at:
We're here to help you.**

1-800-847-9999



Tips For Storing Your Property...

- ✓ Store small, expensive items such as stereo equipment, TVs, camcorders, etc., in the back of the storage space in unmarked boxes.
- ✓ Place large items such as furniture and beds in front of them.
- ✓ Don't lean stored property against the walls of your storage space. If the roof leaks, water may run down the walls and damage your property.
- ✓ Where possible, store all boxes and furniture on pallets or on boards placed on the floor of the storage space. This helps minimize potential water damage.
- ✓ Make a complete list of all goods stored. Include a description, model number and serial number.
- ✓ A photo or videotaped record of your stored goods is also helpful.

What If I Have A Claim?

- Call our fast, friendly claims representatives at 1-800-847-9999.
- If the loss was caused by theft, also file a report at the police department.
- Take reasonable action to prevent further loss or damage from occurring to undamaged property.
- Do not dispose of or repair damaged property until the insurance company has had an opportunity to inspect it.
- Make a complete inventory of the lost or damaged property, including the date of purchase, place of purchase and the price paid. We will require all pertinent records necessary to prove the loss.
- All covered losses except those caused by earthquake are subject to a \$100 deductible. Loss due to earthquake is subject to a \$1,000 deductible. Payment is based upon the actual cash value of the property at the time of the loss. Losses are settled promptly and fairly.

Deans & Homer
Self Storage Insurance

P.O. Box 7057
Pasadena, CA 91109

¹ Damage caused by flood is not covered.
² Loss by earthquake is subject to a \$1,000 deductible.
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Tell me about Deans & Homer and the Insurance Company

Since 1974, we've helped over ONE MILLION self-storage customers across the country with their storage insurance needs. We pioneered customer storage insurance. Let us put our expertise to work for you. For information and questions, please call us toll free at: **1-800-847-9999**

This Customer Storage Insurance is underwritten by several top rated and competing insurance companies throughout the United States. Your policy will be issued by one of the following companies depending on the location of your stored property:

- Mitsui Sumitomo Insurance Company of America
- QBE Insurance Corporation
- Hudson Insurance Company



What is covered and what is not covered by Customer Storage Insurance?

Most household goods, personal property, business and commercial items that you may store within a rented storage space are covered by Customer Storage Insurance. Motor vehicles, boats and recreational vehicles stored in open lots or open storage that is not fully enclosed will not be covered for wind, hail, theft, vandalism or malicious mischief. Items that are not covered by Customer Storage Insurance include jewelry, precious stones, watches, furs, fur trimmed garments, money and securities.

For more specific information, please call: **1-800-847-9999**

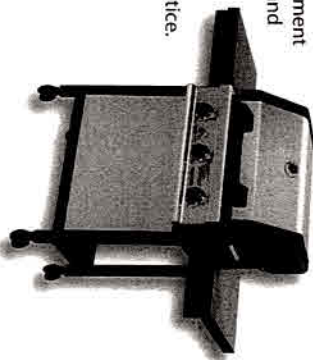
What if I Move Out Before My Insurance Expires?

Simply notify us in writing that you want to cancel your policy. All unearned premium will be refunded to you. A minimum premium of \$20 will be charged for this insurance. Minimum premium does not apply in Virginia.



What if I Want To Extend My Insurance Coverage?

About 30 days before your policy expires you will receive a renewal notice by mail. Simply enclose your renewal premium payment or credit card payment authorization and mail it by the date shown on the renewal notice.



Apply online!

Use your smart phone to scan the QR code



www.insureyourstuff.com

This brochure contains general and descriptive information, it is not a contract. The policy is the contract. A sample policy is available upon request.

This enrollment form can only be used to obtain insurance for property stored at the facility where you received this form. 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.

Enrollment Form

Please print clearly and answer all questions on this page and the next page in order to complete your enrollment.

Your Name _____

Company Name (If you are issuing trade or business property) _____

Street _____

City (U.S. addresses only. We do not mail outside the U.S.A.) _____ State _____ Zip _____

Home Tel: _____ Bus. Tel: _____

email _____

The location of Your Stored Property _____

Name of Storage Facility _____

Street _____

City _____ State _____ Zip _____

Space/Locker Number _____

Types of goods in storage:

Business Property Household Goods/Personal Property

Boat* Vehicle* Motorcycle*

*Licensed vehicles are not eligible for coverage in Texas. No coverage is provided for vehicles while being operated or in transit.

Description of stored property: _____

Prefer to Enroll Online?
www.insureyourstuff.com

Moisten here. Fold and mail

Program Availability, Carrier Utilization, and Deans & Homer Licensing Information by State:

State	Company	D&H License	State	Company	D&H License
Alabama	MSIA / Hudson	184610	Minnesota	MSIA	6063
Alaska	MSIA / Hudson	8495	Mississippi	MSIA	12853
Arizona	MSIA / Hudson	29985	Missouri	MSIA / Hudson	AC0704301
Arkansas	MSIA	244814	Montana	MSIA	9715
California	MSIA / OBE	0300517	Nebraska	MSIA	100173649
Colorado	MSIA / Hudson	46309	Nevada	MSIA / Hudson	2834
District of Columbia	MSIA	0119708	New Hampshire	MSIA	0380621
Connecticut	MSIA / OBE	000964844	New Jersey	MSIA / OBE	821812
Delaware	MSIA	155335	New Mexico	MSIA	558082
Florida	MSIA / Hudson	A063967	New York	OBE / Hudson	PC-671114
Georgia	MSIA / Hudson	102461	North Carolina	MSIA / Hudson	1000007020
Hawaii	MSIA	309336	Ohio	MSIA / Hudson	24796
Idaho	MSIA	15852	Oklahoma	MSIA	100105402
Illinois	MSIA / Hudson	100115366	Oregon	MSIA / Hudson	100151804
Indiana	MSIA / Hudson	1324338	Pennsylvania	MSIA / Hudson	61055
Iowa	MSIA	1001001508	South Carolina	MSIA / Hudson	105575
Kansas	MSIA	78989	Tennessee	MSIA / Hudson	548
Kentucky	MSIA	502124	Texas	MSIA / OBE	14370
Louisiana	MSIA / OBE	255185	Utah	MSIA	3725
Maine	MSIA	AGN18114	Virginia	MSIA / Hudson	115420
Maryland	MSIA / Hudson	NPE 1605	Washington	MSIA / Hudson	10579
Massachusetts	MSIA / OBE	1793566	West Virginia	MSIA	100112566
Michigan	MSIA / Hudson	0012254	Wisconsin	MSIA	2038

Deans & Homer's Privacy Policy

Deans & Homer respects your privacy. Our people are taught to maintain the confidentiality of your personal information and we protect your information from access by unauthorized persons.

We will never sell or disclose your name, address, telephone number or other personal information to anyone for marketing purposes. We will never disclose your personal information to anyone for any other reason except: 1. As you may request. 2. As required by law or regulation. 3. As required to service your application or policy including the determination and collection of premiums and the investigation, adjustment and supervision of claims. 4. In the event of a transfer of policy representation to another agent by either the insurance Company or Deans & Homer.

When we are asked to issue an insurance policy to you, we collect information that we need to determine if we should do so and what the proper premium for the requested policy would be. Most of that information is supplied to us by you or your insurance agent or is public record. We may inspect the property you wish to insure. If a claim is presented for damage to insured property, we collect information necessary to establish that the loss is covered under your policy and the amount payable. Claims information may be collected by our people, by independent adjusters, accountants, attorneys or other independent specialists we employ for that purpose. We contract with such people to respect your privacy and maintain the confidentiality of your personal information as we do.

If you have questions regarding this Privacy Policy, your rights or the information we have collected, call or write: Deans and Homer, 340 Pine Street, San Francisco, CA 94104 - (415) 421-8332

About Insurance Fraud

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or conceals, for the purpose of misleading, information concerning any fact material thereto.

Moisten here and seal.

Fold Here

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: All commercial insurance, except as provided for Automobile insurance: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

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

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Automobile insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: All commercial insurance, except as provided for workers' compensation. 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. Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Moisten here and seal.

Insurance Rates

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.

- Please enter the amount of insurance, the number of months and the indicated premium on the "Requested Insurance" chart below for each space.
- Detach and mail your enrollment form or you may enroll by faxing a completed enrollment form to us at (626) 578-0225.

Enrollment by fax requires credit card payment.

Amount of Insurance	3 months Premium	6 months Premium	12 months 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	1080
\$ 35,000	317	631	1260
\$ 40,000	362	721	1440
\$ 45,000	407	810	1620
\$ 50,000	452	901	1800

Space Number	Amount of Insurance	Number of Months	Premium
Total Premium =			

To the best of my knowledge the statements and representations made herein are accurate and complete.

Signature _____ Date _____

Payment may be made by check, money order or credit card. If you are paying by check or money order, please enclose and seal your payment with your mailed enrollment form. Make your check or money order payable to Deans & Horner. To pay by credit card, fill in your card information below.

- Visa MasterCard American Express Discover

Credit Card Number _____ Exp. Date _____

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.