

# Insurance Sign Up Form

## TENANT INFORMATION:

Tenant's Name(s): \_\_\_\_\_

Facility: OC Easy Storage

Tenant's Address: \_\_\_\_\_

Address: 14300 Alton Pkwy Lot B

City, State, Zip: \_\_\_\_\_

Irvine, CA 92618

Daytime Phone #: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Disk/Cylinder Lock:      YES      NO

Effective Date: \_\_\_\_\_

Site ID: \_\_\_\_\_

## COVERAGE SELECTION (Initial one box and complete the information)

I have property insurance of the type checked below

**Insurance Company Name:** \_\_\_\_\_

HomeOwners    Renters    Business    Owners     
Auto \_\_\_\_\_

Policy # \_\_\_\_\_

Limit \$: \_\_\_\_\_     Effective Date: \_\_\_\_\_  
Term: \_\_\_\_\_

Purchase Insurance

**Coverage:** <TENANT.INSURCOVERAGE>

**Coverage Description:** <TENANT.INSURCOVERAGEDESC>

**Monthly Premium:** <TENANT.INSURPREMIUM>

**Type of Goods Stored:**  Household Goods/Personal Property  
 Business/Trade Property (describe) \_\_\_\_\_  
 Vehicle, Boat/Trailer (describe) \_\_\_\_\_