

Facility Contact Information

Manager's Name	
Manager's Email	
Facility Direct Phone Number	
Manager's Cell Phone Number	
List any personnel you would like copied on claim correspondence to the facility (facility personnel, district manager, etc.)	

Tenant Contact Information

Tenant Name	
Tenant Cell Phone Number	
Tenant Home Phone Number	
Tenant Email	
List any personnel you would like copied on claim correspondence to the tenant (facility personnel, district manager, etc.)	

Data Capture Form

- ☐ Make claim payment to owning facility by WK Webster
- ☐ Make claim payment to management company by WK Webster
- ☐ Make claim payment to tenant on behalf of facility by WK Webster

**Note: WK Webster is the claims adjuster.*

Policy Holder	
Self Storage Facility Address	
Facility Contact Name	
Facility Contact Email Address	
Claimant Name	
Claimant Address	
Claimant Phone Number	
Claimant Email Address	
Standard Self Storage Lease Date	
Protection Plan Addendum Date	
Protection Plan Limit	\$

Incident Information

Nature of Loss		
Incident Date (discovery date)		
Total Claimed		
Responding Police Department (theft claims)		
Police Report #		
Attachments: Itemized Inventory (Required): Proof of Purchase: Photographs of Damage (Required): Documents showing date claimant vacated premises: Other Documents:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	

Itemized Inventory

<u>ITEM</u> Must include make & model for all items	<u>Age</u>	<u>Amount Claimed</u>	<u>Repair Costs</u> (estimates attached)	<u>Insurer's Adjustment</u>
Total Adjustment (insurer's use only)	\$			

Tenant Claim Affidavit

Tenant Name	
Tenant Unit#	
Facility Name	
Facility Address	

Responding Police Department	
Police Report #	
Date Police Report Filed	

(Please include a copy when submitting claim form.)

Claimed Cause of Loss

- | | |
|--|---|
| <input type="checkbox"/> Fire, smoke, lightning, explosion | <input type="checkbox"/> Subsidence, building collapse, falling objects, weight of snow, ice or sleet |
| <input type="checkbox"/> Theft or vandalism
(Theft requires evidence of forced entry) | <input type="checkbox"/> Moth, insect, rodent or vermin |
| <input type="checkbox"/> Impact of aircraft or vehicles | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Water | |

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Tenant Claim Affidavit

Explain in your own words what you believe happened to your property.

When do you believe the damage happened? Try to be specific. A time range is acceptable.

Date tenant discovered loss or damage	
Date tenant last visited unit	

Tenant Signature	
Date	

By signing above, I certify under penalty of perjury of law the foregoing is true and correct. I understand that the facility will only assume limited responsibility for the loss as outlined in the terms and conditions of the lease. Under no circumstances will the facility pay more than the protection plan limit.



6Storage Tenant Protection
Claims Information Form

For Facility/Office Use Only

☐ CCTV Video Reviewed And Sent ☐ Gate Entry Log Sent ☐ Photographs Sent

Evidence of forced entry (theft only)

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Manager's statement of what they believed happened:

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Manager Signature	
Date	

For WK Webster Use Only

Facility Reference Number	
WK Webster Reference Number	
Policy Number	