**Container Contents Insurance Enrollment Form**

As set forth in your rental agreement, Tenant is required to obtain and produce proof of insurance for contents contained within the Bins Portable Storage Container(s). Tenant acknowledges that Bins, LLC is not responsible for any loss of, or damage to any of Renters property stored in the Container(s) and waives all claims against Owner for such. **Customer participation in the Storage Protectors Container Contents Insurance Program underwritten Great Lakes Insurance SE., and administered by Alliant Insurance Services, Inc., a licensed agent, CA Licenses No. 0C36861 satisfies such conditions.** Neither Bins, LLC nor its employees are an insurance agent.

**CUSTOMER INFORMATION**

**Customer’s Name(s):** **Effective Date:**

**Customer’s Address:**  **Container #(s):** **Disk Lock:** YES or NO

**City, State, Zip:**

**Daytime Phone #:**

**Email Address:**

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

[ ] **I OPT to participate in THE STORAGE PROTECTORS CONTENTS INSURANCE PROGRAM**,
underwritten Great Lakes Insurance SE.., and administered by Alliant Insurance Services, Inc. License No. 0C36861. The coverage is for goods contained in the rented Container(s). Covered causes and losses include burglary, fire or lightning, sonic boom, explosion, windstorm or hail, smoke, aircraft or vehicles, riot or civil commotion, vandalism, sinkhole collapse, falling objects, weights of snow, ice, or sleet, and water damage. **Flood coverage is not provided**. The policy contains exclusions, limitations, definitions, and conditions. Coverage is in effect only in the event you pay the monthly cost listed below and you continue to pay monthly through the duration of your agreement. I understand a portion of the cost I pay is applicable to the container company’s expense in collecting, accounting, and remitting payment to the Insurance Company.

**Coverage:** $1,000 $2,000 $3,000 $5,000 $10,000 $15,000

**Monthly Cost:** $6.80 $12.00 $15.26 $21.78 $38.07 $54.37

**Customer Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coverage amounts exceeding $15,000 are available subject to underwriter approval.**

**Requested Coverage Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**