



COVERAGE CONFIRMATION FORM

**Facility Information:**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Customer Information:**

Claimant Name: \_\_\_\_\_

Claimant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Unit Space Number: \_\_\_\_\_ or Container Number: \_\_\_\_\_

Insurance Purchased / Start Date: \_\_\_\_\_

Insurance Paid To / End Date: \_\_\_\_\_

Coverage Type Purchased:

Contents

Damage

LTD

Contents Limit Purchased:

\$2,000

\$5,000

\$20,000

\$3,000

\$10,000

Other: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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