



## COVERAGE CONFIRMATION FORM

### Facility Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### Customer Information

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Unit Space Number: \_\_\_\_\_ or Container (Mobile) Number: \_\_\_\_\_

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*-- For Facility Use Only --*

### Insurance Purchased

Insurance Purchased (Start Date):  Insurance Paid To (End Date):

<b>Coverage Type Purchased:</b>	<input type="checkbox"/> Storage Unit (Contents)	<input type="checkbox"/> Long Distance Transit (LDT)
	<input type="checkbox"/> Mobile Storage Container (Contents)	<input type="checkbox"/> Damage to Container (Damage Waiver)

<b>Contents Limit Purchased:</b>	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$20,000
	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other: _____

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

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

Position: \_\_\_\_\_

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

*Please email this form completed and signed by facility to [SPclaims@falveyins.com](mailto:SPclaims@falveyins.com)*

*Include lease agreement and/or receipt from facility's management software demonstrating insurance coverage, limit purchased, and start / end date for Insured's coverage.*