

**BADER PROGRAM - STORED PROPERTY PARTICIPATION FORM**  
NEITHER THE STORAGE COMPANY NOR THE LEASING AGENT ARE INSURANCE AGENTS.  
DIRECT COVERAGE QUESTIONS TO PROPERTY FIRST GROUP LP - Toll-Free Phone: 888-223-3726

**LESSEE INFORMATION** (Print Clearly)

Lessee's Name(s):  
Lessee's Address:  
City, State, Zip:  
Daytime Phone #:  
Email Address:  
Effective Date of Lease:  
Space #:  
Disk/Cylinder Lock:  
Facility:  
Address:  
City, State, Zip:  
Facility ID: :  
**Fax form to: 1-855-257-7131**  
**Email form to: bpf@propertyfirstgroup.com**

**COVERAGE SELECTION**

**YES, I WANT TO PARTICIPATE IN THE BADER STORED PROPERTY INSURANCE PROGRAM (THE "PROGRAM") AVAILABLE THROUGH PROPERTY FIRST GROUP LP**, a licensed insurance agency, and agree to pay the Monthly Premium when due. I understand and agree that the amount of coverage I have selected below is the maximum amount I may receive for loss to my property and may be subject to a deductible. The deductible amount, if any, will be specified in the Certificate of Property Insurance.

Coverage: \$

Monthly Premium: \$

The Program coverage is underwritten by Pennsylvania Manufacturers' Association Insurance Company ("PMAIC"), under an insurance policy issued by PMAIC to the owner of the self-storage facility. I authorize the owner to receive the Monthly Premium and to send it to Property First Group on my behalf. I acknowledge that the owner may benefit from my purchase of the coverage by receiving a fee for providing administrative services.

**COVERAGE PERIOD: My coverage will begin on the later of the following: (i) the effective date of my lease; (ii) after I have properly completed, signed and submitted this Participation Form and made the first Monthly Premium payment; or (iii) if the storage facility is under a wildfire, tropical storm, tornado, or hurricane watch or warning, 12:01 a.m. the day after the warning or watch is lifted.** I understand that the Monthly Premium is fully earned and due each month on or before the monthly renewal date. My coverage will continue on a month-to-month basis until (i) I terminate the coverage, (ii) my lease or rental agreement for the storage space terminates, (iii) the owner of the self-storage facility or PMAIC terminates the policy, or (iv) if I fail to pay the Monthly Premium when due, the date on which my Monthly Premium is overdue by 90 days. Any delinquent premiums will be deducted from loss reimbursements.

**SCOPE OF COVERAGE:** Coverage is not "all risk" and **flood coverage is not provided**. The coverage provided under the Program is described in the Program brochure provided to me by the facility, and in the Certificate of Property Insurance, and Enrollment Disclosure Summary of Coverage that will be issued to me. I acknowledge I have received and reviewed a copy of the Program brochure. This Participation Form does not describe all of the terms, conditions, exclusions and limitations applicable to my coverage and does not constitute an insurance contract.

**REINSTATEMENT:** If my Monthly Premium is 90 days overdue, my coverage will automatically terminate. By signing below I authorize Property First Group LP to reinstate my coverage under the same terms and conditions without completing a new Participation Form if I meet all of the following conditions: I pay the Monthly Premium(s) due; I am still renting the same space shown on my Participation Form; and there has been no loss or damage to any property during the lapse of my coverage. If there was loss or damage to any property after my coverage terminated for non-payment, coverage will not apply to that loss or damage.

**CONSENT TO ELECTRONIC DELIVERY:** I agree to receive all notices and documents related to this coverage via email at the address above unless I contact the Program Administrator at the number below to revoke this consent. I will promptly notify the storage facility if my email address changes.

I have read and completed this Participation Form for coverage for my stored property provided under the storage facility's insurance policy underwritten by PMAIC. I hereby request that I be enrolled in the Program for the amount of coverage and Monthly Premium shown on this form.

**Lessee's Signature(s):**

**Date Signed:**

To access a copy of the certificate of property insurance, go to: [www.baderco.com/cert](http://www.baderco.com/cert) <<http://www.baderco.com/cert>>. Or call 1-888-223-3726

[https://www.ssbrochure.com/?idc=PS\\_B\\_ZZ\\_NNRNN\\_D100\\_000000\\_E\\_XXX](https://www.ssbrochure.com/?idc=PS_B_ZZ_NNRNN_D100_000000_E_XXX)

[https://www.ssbrochure.com/?idc=PS\\_S\\_ZZ\\_NNNNN\\_D100\\_000000\\_E\\_XXX](https://www.ssbrochure.com/?idc=PS_S_ZZ_NNNNN_D100_000000_E_XXX)

**BADER PROGRAM ADMINISTRATOR**

Property First Group LP. PO Box 22130 | York, PA 17402 Toll Free Number: 888-223-3726 | [www.Baderco.com](http://www.Baderco.com)

<<http://www.Baderco.com/>>

Agent: Mario Feghali | PA Agency License 588404

## **FRAUD WARNINGS**

**General**-Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in a participation form or in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV.

**Alabama**-Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Arkansas**- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado**-It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia**-WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida**-Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Kansas**-Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Kentucky**-Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana**-Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine, Tennessee, Virginia, and Washington**-It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland**-Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota**- A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Jersey**-Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. (a) Insurance producers that market self-storage personal property insurance as defined in N.J.A.C. 11:17-1.2 shall provide potential purchasers with written notice: 1. That the renter's or lessee's homeowner's, renter's or business insurance policy may provide coverage for the loss or damage to property located on the self-storage premises and that the purchase of such insurance is not required under the lease terms between the self-storage facility and the renter or lessee; and 2. That the coverage may be canceled within 30 days and a full refund made to the purchaser upon written notice to the producer who sold the self-storage insurance contract or the insurer.

**New Mexico**-Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York**-Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio**-Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**-WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**-Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania**-Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Rhode Island**-Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Vermont**-Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**West Virginia**-Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.