



Value Protection Plan

Value Protection Plan Claim Form DATA CAPTURE FORM

Facility Ref #:	<input checked="" type="checkbox"/> Make claim payment to owning facility by WK Webster <input type="checkbox"/> Make claim payment to management co. by WK Webster <input type="checkbox"/> Make claim payment to tenant on behalf of facility by WK Webster
OTM Ref #:	
WK Webster Ref #:	

Policy Holder:	Value Store-It Management Inc. & their Principals for their respective rights and interests
Self Storage Facility Name:	
Self Storage Facility Address:	
Claimant Name:	
Standard Self Storage Lease Dated:	
Protection Plan Addendum Dated:	
Protection Plan Limit: <small>(amount of coverage you pay for monthly)</small>	USD \$

Incident Background

Nature of Loss:	
Incident Date (Date of Discovery):	
Total Amount Being Claimed:	USD \$
Responding Police Department: <small>(theft claims only)</small>	
Police Report #: <small>(theft claims only)</small>	

Attached to this Document:

Itemized Inventory (Required):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Proof of Purchase:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Photographs of Damage (Required):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Document showing date claimant vacated premises:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other documents:		

Policy Details: Annual Policy

Policy Number:	US0003/0110/C13
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