

**LEASE INSURANCE ADDENDUM TO RENTAL AGREEMENT FOR  
WHEATLAND SELF STORAGE  
P.O. BOX 6111  
BOZEMAN, MT 59771  
(406) 600-1848**

**OCCUPANT STORES PROPERTY AT THEIR OWN RISK**

I understand that Wheatland Self Storage and/or its management or parent corporation Spica Rising, Inc.:

1. Is a self-storage facility renting space, is not a warehouseman and does not take custody of my property.
2. Is not responsible for loss or damage to my stored personal property.
3. Does not provide insurance on my personal property for me.
4. Requires that I provide my own insurance coverage or be "self-insured" (personally assume all risk of loss or damage).
5. That all conditions of this Addendum and the Rental Agreement apply to property stored inside a unit or outside on the facility grounds.

**CHOICE OF INSURANCE OPTIONS**

I, the Occupant of unit/space/outside storage space number [redacted] have been informed that Wheatland Self Storage does not provide insurance on my stored personal property. As indicated below, I agree to obtain, and maintain insurance coverage on the personal property stored for actual cash value, or be "self-insured" (personally assume full risk of loss or damage). I also agree to waive my rights of subrogation and my insurance company's rights of subrogation for any claims of loss or damages whatsoever against Owner, Owner's agents or employees.

*By signing below I acknowledge that I have read the above information, have been given a brochure which explains the TenantOne Customer Storage Insurance that is available if needed and agree to my insurance responsibilities.*

**Occupant, please identify your insurance choice by checking the applicable box below:**

Will purchase/obtain from my own insurance provider or TenantOne.

Will be "self-insured" and will personally assume risk and all loss or damages.

X \_\_\_\_\_  
Occupant's Signature

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

\_\_\_\_\_  
Date \_\_\_\_\_

This addendum will be retained by Wheatland Self Storage as part of your rental agreement.