**Responsible Person Change/Update Form**

Portable Electronic Device Vendor or Self-Storage Provider

A portable electronic device vendor or self-storage provider must designate a person to be responsible for the entity’s compliance with the insurance laws and rules of the State of Maine. See 24-A M.R.S. § 7007(2)(A) and § 7506(2)(A). This form may be used to designate a new responsible person **or** update the current person’s contact information.

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| --- |
| Portable Electronic Device Vendor or Self-Storage Provider Name |
| Maine License # | FEIN | Phone # |
| PO Box | City | State | Zip Code |
| Home Office Street Address |
| City | State | Zip Code |
| CHECK ONE:  | ⧠ Designate a new responsible person ⧠ Update current responsible person’s contact information |
| Name of **Current** Responsible Person | Name of **New** Responsible Person (if applicable) |
| Responsible Person Title  |  |
| Responsible Person Residence Address |
| Responsible Person Email Address | Responsible Person Telephone Number |

**By signing as the Responsible Person, I accept the responsibility of this role as outlined in 24-A M.R.S. § 7007(2)(A) or § 7506(2)(A) as applicable.**

Signature of Responsible Person: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Submitting Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact 207-624-8475 or e-mail insurance.pfr@maine.gov