



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
BUREAU OF INSURANCE
 34 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0034

UPDATE TO AUTHORIZED LOCATIONS
Portable Electronic Device Vendor and Self-storage Provider

This form is to be used if updating a portable electronic device vendor's or self-storage provider's locations in this State at which coverage is offered.

Vendor or Provider Name: _____ FEIN: _____

License #: _____ Contact Person: _____ Phone #: _____

Requested Change	Location Information [if additional space is needed, please attach a list of locations to this form]
<input type="checkbox"/> Add <input type="checkbox"/> Terminate	Business Name: _____ Physical Address: _____
<input type="checkbox"/> Add <input type="checkbox"/> Terminate	Business Name: _____ Physical Address: _____
<input type="checkbox"/> Add <input type="checkbox"/> Terminate	Business Name: _____ Physical Address: _____
<input type="checkbox"/> Add <input type="checkbox"/> Terminate	Business Name: _____ Physical Address: _____
<input type="checkbox"/> Add <input type="checkbox"/> Terminate	Business Name: _____ Physical Address: _____

Person Completing This Form: _____ Phone #: _____

There is **no fee** to add or terminate portable electronic device vendor or self-storage provider locations.

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

Revised: 8/21



PRINTED ON RECYCLED PAPER

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