**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.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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