



STATE OF MAINE
 Bureau of Insurance
 34 State House Station
 Augusta, ME 04333

Date Received

SELF-STORAGE PROVIDER APPLICATION
 Per 24-A M.R.S. – Chapter 89

For Bureau Use Only

{ } Resident { } Non Resident

Demographic Information

① Provider/Business Name		② Incorporation/Formation Date (month) ___(day) ___(year) ___	③ FEIN -	
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④ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.		⑤ State of Domicile	⑥ Country of Domicile	
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⑦ Business Address		⑧ City	⑨ State	⑩ Zip Code	⑪ Country
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⑫ Phone Number (include extension) () -		⑬ Fax Number () -	⑭ Business Web Site Address	⑮ Business E-Mail Address	
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⑯ Mailing Address		⑰ P.O. Box	⑱ City	⑲ State	⑳ Zip Code	㉑ Country
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⑳ Identify a Responsible Contact (must be owner or employee):
 Name: _____ Title: _____ E-Mail address: _____
 Address: _____ Phone: _____ Fax: _____

㉒ Does the provider derive more than 50% of its revenue from the sale of self-storage insurance? Yes No
 If yes, attach the following information: Name, title and address of each officer/partner/director with 10% or more interest or voting interest.

SUPERVISING ENTITY
 Must be licensed as an insurance business entity or as an insurer

㉓ Name: _____ FEIN: _____ Maine License # _____
 Address: _____ Telephone Number: _____

㉔ List the name and address of all physical locations in Maine where coverage is offered: (if additional space is needed, attach a list to back of form)

Name _____ Address: _____

Name _____ Address: _____

Name _____ Address: _____

Name _____ Address: _____

Name _____ Address: _____

Name _____ Address: _____

Name _____ Address: _____

Background Information

26 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

A written statement summarizing the details of each incident,

- a) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- b) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Has the business entity or any owner, partner, officer or director, or member or manager if a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

Applicant's Certification and Attestation

27 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. The applicant hereby appoints the Superintendent of Insurance as the applicant's attorney to receive service of all legal process issued against it in any civil action or proceeding in this State and agrees that process so served is valid and binding against the applicant. The appointment is irrevocable, binds the company and any successor in interest as well as the assets or liabilities of the applicant and must remain in effect as long as the applicant's license remains in force in this State.
3. The business entity or limited liability company grants permission to the Superintendent of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

Must be signed by an officer, director, or partner:

Month/Day/Year

Signature

Typed or Printed Name

Title

Address

City

State

Zip

INCOMPLETE APPLICATIONS may be returned (please type or print clearly).

Trade Names: A licensee doing business under any name other than the licensee's legal name is required to notify the Superintendent prior to using the trade name.

Payment must be submitted with all applications.

Make all checks payable to: Treasurer State of Maine

License fee \$100.00

RETURN application and fees to:

**Maine Bureau of Insurance
34 State House Station
Augusta, ME 04333-0036
Phone: (207) 624-8475
Fax: (207) 624-8599**

**OVERNIGHT DELIVERY such as FedEx & UPS to:
76 Northern Ave
Gardiner, ME 04345**

**OVERNIGHT DELIVERY such as USPS to:
34 State House Station
Augusta, ME 04333**

E-mail us at: Insurance.PFR@maine.gov