**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] |
| ⧠ Add⧠ Terminate | Business Name: |
| Physical Address: |
| ⧠ Add⧠ Terminate | Business Name: |
| Physical Address: |
| ⧠ Add⧠ Terminate | Business Name: |
| Physical Address: |
| ⧠ Add⧠ Terminate | Business Name: |
| Physical Address: |
| ⧠ Add⧠ 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