

Maryland Insurance Administration

Self-Service Storage Producer Limited Lines Renewal License Application (Business Entity)

The items listed below must be submitted. Incomplete applications or those received without the required fee will not be processed. If you have any questions or need additional information please contact the producer licensing customer service line at 1-888-204-6198 or email producerlicensing@maryland.gov.

<input type="checkbox"/>	APPLICATION for SELF-SERVICE STORAGE PRODUCER LIMITED LINES LICENSE
<input type="checkbox"/>	APPLICATION FEE - \$69 (Made payable to: Maryland Insurance Administration)

Applications, all required documents, and fees should be mailed to:

**The Maryland Insurance Administration
Attn: Producer Licensing Unit
200 St. Paul Street, Suite 2700
Baltimore, MD 21202**

In addition to the disclosures listed below the insurance related to the rental of a self-storage unit may only be offered by an insurer authorized by the Insurance Commissioner to sell personal property insurance in the State of Maryland. As a condition of the sale of insurance, the self-service storage producer must require the occupant to:

- 1) Execute a document acknowledging the amount of coverage under the policy purchased; and
- 2) Acknowledge receipt of advice to contact an actively licensed property and casualty insurance producer if the value of the stored content is greater than the maximum claim amount provided under the policy.

Customer disclosures and training materials must include a summary of material terms of insurance coverage offered to occupants including:	Has anything changed since last renewal?	SERFF Form Number If Y is checked for a change only
• Identity of the insurer	Y / N	
• Price of the policy	Y / N	
• Summary explanation of benefits of coverage	Y / N	
• Applicable deductible(s)	Y / N	
• Any exclusions or conditions of the insurance	Y / N	
• Statement that policies offered may provide comparable coverage already provided by an existing property insurance policy.	Y / N	
• Statement indicating whether purchased coverage is primary to any other coverage offered under an existing property insurance policy.	Y / N	
• Statement indicating that purchase of coverage is not required as a condition of rental if evidence of alternative coverage is provided.	Y / N	
• Statement explaining the process for filing a claim.	Y / N	
• Contact information for filing a complaint with the Maryland Insurance Administration.	Y / N	

References for Self-Service Storage Producers: Annotated Code of Maryland, Insurance Article (“the Insurance Article”)

Self-Service Storage Producer – Definitions, License Required	Insurance Article § 10-801
Disclosure Requirements	Insurance Article § 10-806
Training Requirements	Insurance Article § 10-808

Website Links

Maryland Insurance Administration	www.mdinsurance.state.md.us
Maryland Insurance Administration- Self-Service Storage Producer Information Page	http://insurance.maryland.gov/Producer/Pages/selfservicestorage.aspx

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Check appropriate boxes for license requested.

- ☐ Resident License
- ☐ Non-Resident License
- ☐ Identify Home State: _____
- ☐ Identify Home State License #: _____

Demographic Information

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ If assigned, National Producer Number (NPN)		⑤ If applicable, FINRA Firm Central Registration Depository (CRD)			
⑥ List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.		⑦ State of Domicile		⑧ Country of Domicile	
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City		⑫ State	⑬ Zip Code
⑭ Foreign Country					
⑮ Phone Number (include Ext.) () -		⑯ Fax Number () -		⑰ Business Web Site Address	
⑱ Business E-Mail Address					
⑲ Mailing Address		⑳ P.O. Box		㉑ City	
㉒ State		㉓ Zip Code		㉔ Foreign Country	

Designated/Responsible Licensed Producer

㉕ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at www.nipr.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____

Owners, Partners, Officers and Directors

㉖ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No % of ownership interest _____
Address: _____						

Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No % of ownership interest _____
Address: _____						

Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No % of ownership interest _____
Address: _____						

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Background Questions

Background Questions (continued)

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently charged with, committing a misdemeanor or had a judgment withheld or deferred for a misdemeanor which has not been previously reported to this insurance department?

Yes ____ No ____

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license .

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.

1b. 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 currently charged with committing a felony or had a judgment withheld or deferred for a felony which has not been previously reported to this insurance department?

Yes ____ No ____

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

N/A ____ Yes ____ No ____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

N/A ____ Yes ____ No ____

1c. 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 currently charged with a military offense which has not been previously reported to this insurance department?

Yes ____ No ____

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration, which has not been previously reported to this insurance department?

Yes ____ No ____

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned 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; identifying all parties involved (including their percentage of ownership, if any and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. In response to a “yes” answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

Yes ____ No ____

If you answer yes;

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this renewal application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

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AUTHORIZED INSURANCE FORM NUMBER(S)

Please list the requested information below **if there were any changes** to the personal property insurance. The insurance type must be filed by an authorized insurer and accepted by the Insurance Commissioner.

INSURANCE TYPE:	AUTHORIZED INSURANCE COMPANY(S):	NAIC NUMBER	SERFF FORM NUMBER(S):
PERSONAL PROPERTY INSURANCE			

- ☐ All brochures available to Renters/Occupants that describe the coverage you offer.
- ☐ The training program materials.
- ☐ The Consumer Disclosure required by § 10-806 of the Insurance Article, Annotated Code of Maryland.

- ☐ **Written** If written, a copy of all written materials containing the disclosure must be filed for approval by the Insurance Commissioner.
- ☐ **Electronic** If electronic, provide access to the web site and file a print of each screen that contains disclosure language for approval by the Insurance Commissioner.

ADDITIONAL FACILITY LOCATIONS

List any additional locations of self-service storage facilities **if there were any changes** where the self-service storage producer will do business under the limited lines license. (Attach additional sheets if necessary)

Location Name:	Phone Number:
Address:	
Location Name:	Phone Number:
Address:	
Location Name:	Phone Number:
Address:	
Location Name:	Phone Number:
Address:	
Location Name:	Phone Number:
Address:	
Location Name:	Phone Number:
Address:	

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Applicant's Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director 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. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to which this application is made to give any information they may have concerning me, as permitted by law, 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.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Address

City

State

Zip