

Maryland Insurance Administration

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

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.

- APPLICATION for SELF-SERVICE STORAGE PRODUCER LIMITED LINES LICENSE RENEWAL
- 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**

SELF-SERVICE STORAGE FACILITY AFFILIATION INFORMATION (if applicable)

Storage Facility Name:		Storage Facility License No.:	
		Date Training Completed:	

Demographic Information

① Soc. Security Number		② If assigned, National Producer Number (NPN)	
③ If applicable, FINRA Individual Central Registration Depository (CRD) Number: _____			
④ Last Name	JR./SR. etc	⑤ First Name	⑥ Middle Name
		⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)	⑨ City	⑩ State	⑪ Zip Code
		⑫ Foreign Country	
⑬ Home Phone Number () -	⑮ Gender (Circle One) Male Female	⑯ Are you a Citizen of the United States? (Check One) Yes ____ No ____ (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)	
⑭ Individual Applicant Email Address:			
⑰ Business Entity Name			
⑱ Business Address (Physical Street)	⑲ P.O. Box	⑳ City	㉑ State
		㉒ Zip Code	㉓ Foreign Country
㉔ Business Phone Number (include extension) () -	㉕ Business Fax Number () -	㉖ Business E-Mail Address	
		㉗ Business Web Site Address	
㉘ Applicant's Mailing Address	㉙ P.O. Box	㉚ City	㉛ State
		㉜ Zip Code	㉝ Foreign Country
㉞ a. List any other assumed, fictitious, alias, maiden or trade names which you are currently using or have used in the past.			

Agency or Business Entity Affiliations

㉞ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

Employment History

㉞ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State Foreign Country					
Name					
City State Foreign Country					

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Background Questions

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

1a. Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing 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), 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 a juvenile court)

1b. Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing 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 that consent granted? (Attach copy of 1033 consent approved by home state.)

N/A ___ Yes ___ No ___

1c. Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to this insurance department?

Yes ___ No ___

NOTE: For Questions 1a, 1b and 1c, "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 no contest, or having been given probation, a suspended sentence, or a fine. If you answer yes to any of these questions, you must attach to this application:

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

2. Have you 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, or registration. "Involved" also means having a license, or registration, application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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 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. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department?

Yes ___ No ___

If you answer yes,

- a) by how many months are you in arrearage?
- b) are you currently subject to and in compliance with any repayment agreement?
- c) are you the subject of a child support related subpoena/warrant?

_____ Months

Yes ___ No ___

Yes ___ No ___

4. 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?

N/A ___ Yes ___ No ___

If you answer yes,

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

Yes ___ No ___

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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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
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

Applicant’s Certification and Attestation

The licensee must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information 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 will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. 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).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Typed or Printed)