



STATE OF MISSOURI  
 DEPARTMENT OF COMMERCE AND INSURANCE  
**SELF-SERVICE STORAGE REGISTER**

PO BOX 690  
 JEFFERSON CITY, MISSOURI 65102

As required by § 379.1640 RSMo, every limited lines self-service storage insurance producer shall establish and maintain a register of each individual who offers self-service storage insurance on the insurance producer's behalf. This register shall be maintained and updated annually by the limited lines self-service storage insurance producer and is open to inspection and audit by the Director of Commerce and Insurance upon request. This form may be duplicated as needed.

NAME OF LIMITED LINES SELF-SERVICE STORAGE INSURANCE PRODUCER				
ADDRESS		TELEPHONE NUMBER	EMAIL ADDRESS	
MISSOURI LIMITED LINES SELF-SERVICE STORAGE INSURANCE PRODUCER LICENSE NUMBER		NATIONAL PRODUCER NUMBER (IF APPLICABLE)		
NAME OF OFFICER/DIRECTOR OF OPERATIONS		ADDRESS OF OFFICER/DIRECTOR OF OPERATIONS		
TELEPHONE NUMBER OF OFFICER/DIRECTOR OF OPERATIONS		EMAIL OF OFFICER/DIRECTOR OF OPERATIONS		

BUSINESS NAME	FEIN	STREET ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER	EMAIL ADDRESS
NAME OF INDIVIDUAL OFFEROR		STREET ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER	EMAIL ADDRESS

**Certification** – As the Limited Lines Self-Service Storage Insurance Producer, I hereby certify under penalty of perjury that the listing above represents all individuals, including names and contact information, who offer or disseminate self-service storage insurance on my behalf. I further certify that each individual has received appropriate training and instruction on the types of insurance offered, ethical sales practices, and required disclosures to prospective customers. I further certify that each individual listed above complies with 18 U.S.C. § 1033.

SIGNATURE OF LIMITED LINES SELF-SERVICE STORAGE INSURANCE PRODUCER	DATE
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