



STATE OF MISSOURI  
 DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
**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 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
--	------