



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
**APPLICATION FOR LIMITED LINES SELF-SERVICE
STORAGE INSURANCE PRODUCER LICENSE**

Email Application To: dci.ins.deposit@insurance.mo.gov
Mail: Missouri Department of Commerce and Insurance
PO Box 4001
Jefferson City, MO 65102
Questions: regulatory.services@dci.mo.gov

If you or an immediate family member are a veteran in the state of Missouri and are interested in learning more about benefits and resources available to you, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DCI>.



PLEASE PRINT OR TYPE

1. SOCIAL SECURITY NUMBER			2. DATE OF BIRTH					
3. LAST NAME		JR./SR., ETC.		4. FIRST NAME		5. MIDDLE NAME		
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)		7. P.O. BOX	8. CITY		9. STATE	10. ZIP CODE	11. COUNTRY	
12. HOME TELEPHONE NUMBER			13. MOBILE TELEPHONE NUMBER			14. PERSONAL EMAIL ADDRESS		
15. GENDER (CHECK ONE) ☐ Male ☐ Female		16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) ☐ Yes ☐ No If no, of which country are you a citizen? _____						
17. BUSINESS ENTITY NAME								
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)			19. P.O. BOX	20. CITY		21. STATE	22. ZIP CODE	23. COUNTRY
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)		25. BUSINESS FAX NUMBER		26. BUSINESS EMAIL ADDRESS		27. BUSINESS WEBSITE ADDRESS		
28. APPLICANT'S MAILING ADDRESS		29. P.O. BOX	30. CITY		31. STATE	32. ZIP CODE	33. COUNTRY	
34A. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.								
34B. LIST ALL TRADE NAMES UNDER WHICH YOU ARE CURRENTLY DOING BUSINESS OR INTEND TO DO BUSINESS.								

EMPLOYMENT HISTORY

35. Account for all time for the past five years. List 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.

			FROM		TO		POSITION HELD
			MONTH	YEAR	MONTH	YEAR	
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					

BACKGROUND INFORMATION

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

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime? ☐ YES ☐ NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: 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 misdemeanor juvenile convictions. You must include felony DUI and DWI convictions.

"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, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

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

2. Have you ever been named or involved as a party in an administrative proceeding or action regarding any professional or occupational license or registration? ☐ YES ☐ NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, a voluntary forfeiture, a cease and desist order, a prohibition order, a consent order, or being placed on probation. "Involved" also includes the act of surrendering a license to resolve an administrative proceeding or action. "Involved" also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license or is related to the lack of such license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions or because of your capacity as an owner, partner, officer, 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 certified copy of the official document that demonstrates the resolution of the charges and/or a final judgment.

3. Has any demand been made or judgment rendered against you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company, for overdue monies by a provider, an administrator, an insurer, an insured, or a producer? ☐ YES ☐ NO

Have you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company ever been subject to a bankruptcy proceeding? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of the demand or judgment,
- b) a certified copy of the judgment, a copy of the demand, and copies of any other relevant documents,
- c) a certified copy of the official document that demonstrates the resolution of the demand or judgment,
- d) a written statement detailing the case number, type of bankruptcy, the court it was filed before, and summarizing the details of the indebtedness and arrangements for repayment,
- e) a certified copy of the "Notice of Bankruptcy" or its equivalent, and
- f) a certified copy of the "Order Discharging Debtor" or its equivalent.

4. Have you failed to pay state or federal income tax? ☐ YES ☐ NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each administrative or court order,
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.),
- c) a certified copy of each administrative or court order, judgment, and/or lien, and
- d) a certified copy of the official document that demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).

BACKGROUND INFORMATION

5. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ☐ YES ☐ NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident,
 - b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
 - c) a certified copy of the official document that demonstrates the resolution of the charges and/or a final judgment.
6. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO
- Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO
- Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, that has not been previously reported to the department? ☐ YES ☐ NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a limited lines self-service storage insurance producer license, and
 - b) copies of all relevant documents.
7. Do you currently have or have you had a child support obligation? ☐ YES ☐ NO
- If you answer yes:
- a) are you in arrearage? ☐ YES ☐ NO
 - b) by how many months are you in arrearage? _____ months
 - c) what is the total amount of your arrearage? _____
 - d) are you currently subject to a repayment agreement to cure the arrearage? (If you answer yes, provide documentation showing an approved repayment plan from the appropriate state child support agency.) ☐ YES ☐ NO
 - e) are you in compliance with said repayment agreement? (If you answer yes, provide documentation showing proof of payments for the last 24 months from the appropriate state child support agency.) ☐ YES ☐ NO
 - f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) ☐ YES ☐ NO
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- APPLICANT'S CERTIFICATION AND ATTESTATION**
37. The Applicant must read the following very carefully:
- 1. I hereby certify, under penalty of perjury, that 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. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
 - 3. I further certify, under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 36.4.
 - 4. I further certify, under penalty of perjury, that 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 a child support obligation that is in arrears, I am in compliance with a repayment plan to cure the arrears, and I have provided all information and documentation requested in Background Information Question 36.7.
 - 5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's 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 self-service storage laws and regulations of Missouri and of any other jurisdiction to which I apply for licensure.
 - 7. Non-Resident License Applicants: I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from Missouri. (Applies only if Applicant's home state/resident state issues licenses that authorize the marketing of limited lines self-storage insurance.)

APPLICANT'S CERTIFICATION AND ATTESTATION (CONTINUED)

APPLICANT'S ORIGINAL SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

TITLE

MONTH/DAY/YEAR

INSTRUCTIONS

1. All applicants must submit a nonrefundable \$100 application fee in the form of a check or money order, made payable to Missouri Department of Commerce and Insurance.
2. Submit Certificate of Completion of a qualified training program that has been filed and approved by the director unless currently licensed in Missouri as an insurance producer with the property line of authority.

Email Completed Application and Attachments To: dc.ins.deposit@insurance.mo.gov

Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

OR

Mail Completed Application and Attachments To:

Missouri Department of Commerce and Insurance

P.O. Box 4001

Jefferson City, MO 65102

Payment will be in the form of a check or money order.