#### Trinidad Navarro Commissioner



### Delaware Department of Insurance

**4B**Revised 10/18

#### **PLEASE PRINT OR TYPE**

#### **REQUEST FOR A SELF-SERVICE STORAGE PRODUCER LICENSE**

Application must be completed and signed by the proprietor, a partner or an officer of the firm

APPLICATION FEE ~ \$100.00 (Made payable to: Delaware Insurance Department)

CORPORATION, PARTNERSHIP, ASSOCIATION, ETC.			
NAME			
F.E.I.N			
CONTACT PERSON			
CONTACT PERSON PHONE #			
CONTACT PERSON EMAIL ADDRESS			
BUSINESS ADDRESS INFORMATION			
ADDRESS			
SUITE OR BOX NO.			
CITY	STATE	ZIP	
BUSINESS EMAIL ADDRESS			
WEBSITE ADDRESS			
MAILING ADDRESS INFORMATION			
ADDRESS	·		
SUITE OR BOX NO.		PHONE	
CITY	STATE	ZIP	
ALTERNATE EMAIL ADDRESS			

#### **LOCATIONS**

List all locations in Delaware at which the owner plans to conduct insurance sales. Attach additional copies of this page if necessary.

LOCATION NAME	ADDRESS	CITY	TELEPHONE NUMBER

# 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, ever been convicted of a misdemeanor, had a judgment
	withheld or deferred or is the business entity or any owner, partner, officer or director of the business
	entity, or member or manager currently charged with, committing a misdemeanor?

Yes	No
103	110

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 a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony?

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?

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

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 a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense?

**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 identifying all parties involved (including their percentage of ownership, if any) and 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.

tity, or manager or an administrative rofessional or
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being assessed a fine, a ned or surrendering a o an administrative or ion. "Involved" also a denial. You may nts or failure to pay a
ownership, if any) and rany final judgment.
ny owner, partner, y company, for to a bankruptcy on behalf of others.
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'es No
y, or member or lawsuit or ion of funds,
'es No
lawsuit arbitrations, or charges or any final
there is a substitute of the s

	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?
	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 an insurance license, and b) copies of all relevant documents.
7.	In response to a "yes" answer to one or more of the Background Questions for this 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

Has the business entity or any owner, partner, officer or director of the business entity, or member or

6.

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this 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.

#### 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:

Signature
Month/Day/Year
Typed or Printed Name
Title
Address
City State Zip

## <u>Self-Service Storage Facility ~ Authorized Representative/Employee(s)</u>

Below list all authorized representatives/employees that are authorized to offer insurance on behalf of the self-service storage Producer.

LOCATION	MANAGER	NAME OF EMPLOYEE (S)	SSN