

**Notice of Appointment – Self-Service Storage**

LIC SSA 2 (7/07)

**Producer Licensing Bureau**

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**SELF-SERVICE STORAGE AGENT NOTICE OF APPOINTMENT**

To California Insurance Commissioner

Pursuant to CIC Section 1758.71 (a)(2)

Insurer Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC # \_\_\_\_\_ CA Company # \_\_\_\_\_  
Federal Employer Identification Number

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby appoints the self-service storage facility named herein to act as its agent and certifies that it has satisfied itself that the named self-service storage facility is trustworthy and competent to act as its self-service storage agent.

Name of Self-Service Storage Facility \_\_\_\_\_

Social Security/FEIN # \* \_\_\_\_\_

(\*Mandatory pursuant to Cal. Ins. Code § 1666.5; Cal. Civil Code § 1798.17; Cal. Family Code § 17520(d); and Federal Privacy Act of 1974 §§7(a)(2)(B) and 7(b).)

Effective Date \_\_\_\_\_

CIC Section 1758.71 (a)(2) requires that an applicant for a self-service storage agent license under this article shall file with the commissioner a certificate by the insurer that is to be named in the self-service storage agent license, stating that the insurer has satisfied itself that the named applicant is trustworthy and competent to act as its insurance agent limited to this purpose and that the insurer will appoint the applicant to act as its agent to transact the kind or kinds of insurance that are permitted by this article, if the self-service storage agent license applied for is issued by the commissioner.

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This is executed on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of insurer or managing agent of insurer: Signature must be that of an officer of the Company, managing agent, or a person authorized under a Special Power of Attorney on file with the Department.

\_\_\_\_\_  
Name (print) Official Title (print) Date

Phone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Insurer or managing agent (print)

By: \_\_\_\_\_  
(Signature)