

INSTRUCTIONS FOR FORM L-SSA

Self-service Storage Agent License

- Carefully read the instructions and review your three-page application before submitting it.** The instructions describe additional forms or documents that you may need to submit with your application. If your application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be rejected.

- Clearly print in ink or type all information and sign the appropriate "AFFIDAVIT" in ink.**

- QUESTIONS?** Before calling the Department of Insurance, please see if the answer to your question can be found in the PRODUCERS page of the Department of Insurance Internet web site: <http://www.azinsurance.gov>

Questions that are not addressed on our Internet web site may be directed to the Insurance Licensing Section:

➤ E-mail: Licensing@azinsurance.gov

➤ Fax: 602-364-4460

➤ Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

- Retain these instructions for your records.** Do not submit these instructions with your license application.

- Send your application materials and fees to:**

INSURANCE LICENSING SECTION, 2910 N 44TH ST # 210, PHOENIX, ARIZONA 85018-7269

- A. Fees.** You are required to pay a **\$120.00 NON-REFUNDABLE** fee [A.R.S. § 20-167(B)] made payable to **INSURANCE LICENSING SECTION** with your license application. The fee amount is subject to change. For the correct fee, download the most current version of Form L-SSA from the Department of Insurance web site (www.azinsurance.gov).

- B. Organizational documents.** Submit the following documents based on the applicant's business type:

1. A **corporation or limited liability company** applying as a **resident** must:

- a. Submit with the application a copy of the **articles of incorporation** or **articles of organization** that were stamped as "filed" with the Arizona Corporation Commission or, if organized outside Arizona, stamped as "filed" with the official office in which incorporation was effected. To obtain a resident license, the articles must list an Arizona address as the primary business location unless your resident state does not issue a self-service storage agent license.
- b. If organized outside Arizona, obtain from the Arizona Corporation Commission [(602) 542-3135] an "**Application for Authority to Transact Business in Arizona.**" After receiving approval from the Corporation Commission, submit with the license application a copy of the filed and numbered approval.
- c. If organized in Arizona or holding foreign authority for more than one year when the application is filed, attach a copy of the latest filed "**Certificate of Disclosure**" or an original "**Certificate of Good Standing**" from the Arizona Corporation Commission as evidence that the applicant is in good standing.

2. **A general partnership** must submit with the application a copy of the written **partnership agreement** that was stamped as “recorded” in the office of an Arizona county recorder, or if organized outside Arizona, stamped as “recorded” with the official office in which the partnership was recorded. The business to be transacted, subject to issuance of the license, must be within the scope of the agreement.
 3. **A limited partnership** must submit with the application a copy of the **certificate of registration** from the Arizona Secretary of State.
 4. **A business trust** must include a copy of the filed and recorded trust agreement.
- C. Assumed Name (or DBA).** While conducting insurance business, you must use your legal name (as shown on your license) unless you are granted permission by the Insurance Department to use another name. To use an assumed name, submit Form L-193. Register the name as a "trade name" with the Arizona Secretary of State's Office (www.azsos.gov, or 602-542-6187) to prevent the name from being claimed by others (and relinquished by you). The Department may deny the use of an assumed business name if the name is being used by another licensee, or if the name could mislead or deceive the public as to the nature of the business that is to be transacted..
- D. Send or deliver the completed application materials with required fee to**

**INSURANCE LICENSING SECTION
2910 North 44th Street # 210
Phoenix, AZ 85018-7269**

THE ARIZONA DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") OF 1990. PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-364-3471. REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS.

The Department may issue a self-service storage agent license to an “operator” (the owner or owner’s managing general agent) of a self-service storage facility that meets the requirements prescribed by ARS § 20-332 (Laws 2007, Ch. 50, Sec. 3). The license authorizes the operator to offer or sell certain kinds of insurance in connection with an incidental to the rental of space at a self-service storage facility.

1. If the applicant is a firm or corporation it must formally establish itself as a business entity BEFORE submitting this application. Please see paragraphs B of the accompanying instructions for details.
2. CAREFULLY READ THE ENCLOSED INSTRUCTIONS. Your application must be printed in ink or typed.
3. Complete all 3 pages of this form and fulfill all other requirements shown in the attached instructions.
4. Send application and fee payment together with other required materials to the following address:

INSURANCE LICENSING SECTION, 2910 N. 44TH STREET # 210, PHOENIX, AZ 85018-7269

SECTION I: OPERATOR INFORMATION

Operator is (please select one): a business entity an individual

If a business entity - Full (Genuine) Name of Business Entity Operator*					
If an individual - Last Name		First Name	Middle Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
*If you intend to use a name other than your legal name, you must file an Assumed Name Certificate – see instructions for details.					
Principal business street address (may not be P.O. box)			City	State	ZIP Code
Mailing address (optional)			City	State	ZIP Code
Residence address (if an individual)			City	State	ZIP Code
Telephone Number	Fax Number (optional)		Business’s FEIN # or Individual’s Soc. Sec. #		
E-mail Address (optional)					

SECTION II: ADDITIONAL BRANCH LOCATIONS

A.R.S. § 20-332 requires you to specify all locations in Arizona at which you may conduct business under your license. Use Form L-LOC to report additional locations.

BRANCH OFFICE ADDRESS	Physical Street Address	City	State	Zip Code
TELEPHONE NUMBER		FAX NUMBER		
BRANCH OFFICE ADDRESS	Physical Street Address	City	State	Zip Code
TELEPHONE NUMBER		FAX NUMBER		

SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY			
License Type: <u>SSA</u> License Number: _____ Issued Date: ___/___/___ Expiration Date: ___/___/___ Approved for Licensing by: _____	<input type="checkbox"/> 56: Quad (\$120.00)		
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SECTION III: ADDITIONAL INFORMATION Carefully read and respond to each of the following questions. You should provide a "YES" answer even if you believe an incident has been cleared from your record. Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application.

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program. ALL applicants must complete this whole section.

A. Has the applicant EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has the applicant EVER withdrawn an application for a license or certification to avoid its denial, or have you EVER surrendered a license or certification to avoid disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has the applicant EVER been found guilty of, have you had a judgment made against you for, or have you admitted to, any of the following:	
1. A felony (of any kind)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Withholding, misappropriating, converting or stealing money or property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Committing an insurance unfair trade practice or fraud?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Transacting, or helping someone else transact, insurance without the required license authority?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is any case currently pending against the applicant in any jurisdiction accusing you of any issue listed in Question C?:.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any question in Section III, you must submit:

1. A SIGNED statement describing in detail all incidents including
 - a. names of all parties involved,
 - b. dates and locations,
 - c. the names and localities of any courts and/or administrative agencies involved,
 - d. the disposition of each matter,
 - e. whether the conviction, plea or finding was for a felony or open-ended charge;

AND

2. Certified copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. If certified copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.

NOTE: The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 U.S.C. 1033. A person who does not obtain the specific written consent may be subject to federal criminal prosecution. There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions.

SECTION IV: AUTHORIZATION AND RELEASE

A business entity applicant must complete Subsection A; an individual applicant must complete Subsection B

SUBSECTION A: AFFIDAVIT OF VERIFICATION FOR A BUSINESS ENTITY

(An application for a business entity must be signed by an officer of the applicant)

By my signature below, I hereby attest and affirm all the following:

- I am the authorized individual who represents the applicant named hereon which is organized under the laws of the State of Arizona or possesses official authority to do business in Arizona;
- I have read the application and accompanying materials, and each statement, answer, attachment and enclosure provided in the application and accompanying materials are true, complete and correct;
- I acknowledge that if there exists any fraud or misrepresentation in attempting to obtain any insurance license in this State, the Director of Insurance may refuse to accept any application for a license;
- I understand that pursuant to A.R.S. § 20-291, application for and acceptance of a non-resident license constitutes an irrevocable appointment of the Director of insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license;
- Service of process on the director on behalf of a non-resident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.

Signature of an officer of the applicant: _____	Printed or typed name of signer: _____	Date: _____
Telephone number: _____	Email address: _____	

SUBSECTION B: AFFIDAVIT OF VERIFICATION FOR AN INDIVIDUAL

By my signature below, I hereby attest and affirm all the following:

- I hereby consent to having an investigation made of my moral character, professional reputation and fitness for an insurance license. I agree to give any further information that may be required in reference to my past record.
- I authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me to furnish the Arizona Department of Insurance with any such information including documents, records, insurance department files including charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Arizona Department of Insurance, or any of its agents or representatives or my authorized insurers to inspect and make copies of such documents, records and other information.
- I release, discharge, and exonerate the Arizona Department of Insurance, its agents and representatives, the State of Arizona, my authorized insurers, and any person furnishing information from any and all liability that may arise from the investigation made by the Arizona Department of Insurance.
- I understand that, if applying for a nonresident license, pursuant to A.R.S. § 20-291, application for and acceptance of a nonresident license constitutes an irrevocable appointment of the Director of Insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license. Service of process on the director on behalf of a nonresident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.
- I hereby attest that I have read and that I understand the foregoing. I certify, under penalty of denial, suspension or revocation of the license or under any other penalties that may apply, that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of my knowledge and belief.

Signature of the applicant: _____	Date: _____
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