

INSURER CERTIFICATION FOR SELF-SERVICE STORAGE INSURANCE PRODUCER

Insurer name _____

WAOIC number _____ NAIC number _____

In accordance with RCW 48.170.020(2), notice is now given that effective from the date shown below, the designated insurer certifies that it has satisfied itself that the named self-service storage insurance producer is trustworthy and competent to act as its self-service storage insurance producer.

It further certifies that the insurer has reviewed the endorsee training and education program and believes that it satisfies the statutory requirements of RCW 48.170.020(s).

Name of Self-service Storage Producer _____

FEIN _____ Effective Date _____

Signature of Insurer _____

Signature of appointing authority

Name (printed or typed) _____

Official title _____

Date _____ Phone number _____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Physical address: 5000 Capitol Boulevard, Tumwater, WA 98501

US postal address: PO Box 40255, Olympia, WA 98504

Phone: 360-725-7144

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