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
www.insurance.wa.gov