



**KENTUCKY DEPARTMENT OF INSURANCE**  
**AGENT LICENSING DIVISION**  
**PO BOX 517**  
**FRANKFORT, KY 40602**  
**(502) 564-6004**  
[DOI.AGENTLICENSINGMAIL@KY.GOV](mailto:DOI.AGENTLICENSINGMAIL@KY.GOV)  
[HTTP://INSURANCE.KY.GOV](http://INSURANCE.KY.GOV)

As required by KRS 304.9-496, a self-service storage space insurance producer shall establish and maintain a register of each facility that offers self-service storage space insurance, on the insurance producer's behalf. This register shall be maintained and updated annually by the limited lines self-service storage space insurance producer, and is open to inspection and audit by the insurance commissioner upon request. This form may be photo-copied as needed.

Name of Self-Service Storage Space Insurance Producer: _____ KY DOI#: _____ or NPN: _____	This register is current as of _____ (Date)
Name of Designated Licensed Insurance Producer: _____ KY DOI#: _____ or NPN: _____	

Name of Facility	FEIN	Location Street Address	Location City, State, Zip Code	Telephone /email address
Name of Unlicensed Officer/Employee/Facility Operator	Personal Street Address	Personal City, State, Zip Code	Personal Telephone/email address	

**Certification** --- As an authorized representative of the Self-Service Storage Space Insurance Producer, I certify that the listing above represents all business locations, including the names and contact information of each unlicensed officer, employee, or facility operator who offers and disseminates insurance information. Each individual has received appropriate training and instruction on the types of insurance offered, ethical sales practices, and required disclosures to prospective customers. Additionally, it is certified that the self-service storage space insurance producer complies with 18 U.S.C. sec. 1033.

Signature of Authorized Representative	Title	Date
Printed Name of Authorized Representative		