

SELF-SERVICE STORAGE EMPLOYEE OR AUTHORIZED REPRESENTATIVE REGISTER

- SELF-SERVICE STORAGE LICENSEES MUST USE THIS FORM TO MAINTAIN A
 REGISTER OF ALL EMPLOYEES OR AUTHORIZED REPRESENTATIVES OFFERING
 INSURANCE IN ACCORDANCE WITH ACT 97 OF 2018
- USE ADDITIONAL COPIES OF THIS FORM IF NEEDED
- THIS REGISTER MUST BE MADE AVAILABLE TO THE PENNSYLVANIA INSURANCE DEPARTMENT UPON REQUEST DO NOT SUPPLY TO THE DEPARTMENT UNLESS REQUESTED TO DO SO

NAME AND LICENSE NUMBER OF LICENSED SELF-SERVICE STORAGE PRODUCER

LICENSEE NAME			
EICENSEE NAME	LAST NAME	FIRST NAME	MIDDLE NAME
LICENSE NUMBER		_	
	71. CYT. T		
	FACILI	TY NAME AND LOCATION	
FACILITY NAME			
STREET ADDRESS			
CITY		STATE	ZIP
EMPLOYEE/AUTHOR	RIZED REPRESENTATIVI	E NAME (LAST, FIRST, MIDDLE)	EMPLOYMENT START DATE

Revised 2/2019