



STATE OF VERMONT  
Department of Financial Regulation  
Insurance Division Producer Licensing  
89 Main Street  
Montpelier, VT 05620-3101

**Insurance Company Certificate  
For  
Business Entity Limited Lines License for Self -Storage Insurance**

I, \_\_\_\_\_, an officer of  
(Typed Name)  
\_\_\_\_\_  
(Name of Appointing Company) Insurance Company,

hereby certify that \_\_\_\_\_,  
(Name of Business Entity)

Business Entity FEIN# \_\_\_\_\_ :  
(Federal Identification Number for Entity)

1. Is trustworthy and competent to act as our Self Storage agent; and
2. That the insurer has reviewed the training materials for conformity with the requirements set forth in Reg. I-2019-02, and that the insurer will appoint the applicant to act as its self-storage insurance producer.

Signed: \_\_\_\_\_  
(Signature of Officer of Company)

Position: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company NAIC#: \_\_\_\_\_

Date: