



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK AR 72201
PHONE: 501-371-2750; FAX: 501-683-2604
WEBSITE: <http://insurance.arkansas.gov/license.htm>

Instructions for Self-Service Storage Insurance

1. License is available starting August 16, 2013; no license will be issued before that date.
2. Complete Form AID-LI-SSS
3. The form must be printed in ink or typed
4. Do not use white out on the form. You must initial all changes to the form.
5. Mail completed form with business check, money order or cashier's check for \$35.00 to the Arkansas Insurance Department.
6. Make check payable to the Arkansas Insurance Department.
7. The contact person must be the owner or the manager in charge of the business.
8. Both the business and mail addresses must be completed.
9. The business address must be a physical address and cannot be a P.O. Box.
10. List all locations and phone numbers of the additional locations on the form.
11. The form must be signed by the owner or the person in charge of the business.
12. Must have a Federal Tax Identification Number (FEIN) before you can be licensed.
13. The form must be signed by the owner, partner or manger of the business.

The license will be subject to renewal on or prior to September 30th of each year. The fee for renewal will be \$35.00.

Please direct all questions to the Arkansas Insurance Department License Division at 501-371-2750.



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SELF-SERVICE STORAGE INSURANCE APPLICATION

Business Entity Name, FEIN, List Any Names Under Which You Are Doing Business, Contact, Business Address, City, State, ZIP or Foreign Country, Phone Number, Fax Number, Business Website, Business E-Mail, Mailing Address, P. O. Box, City, State, ZIP or Foreign Country

Location of Rental Offices Doing Business in Arkansas (Attach Sheet if Additional Space Needed)

Table with 2 columns: Name of Office, Address, Phone Number. Multiple rows for listing rental offices.

I, _____ hereby state under oath that all the information in this application is true and correct to the best of my knowledge.

Must be signed by the owner, partner or manger of the business entity:

Signature _____ Date _____

Typed or Printed Name _____

Title _____

Contact phone number if different from phone number listed above _____

Address if different from above. _____