



State of Illinois
Self-Service Storage Facility Limited License Application

Illinois Department of Insurance
 320 W. Washington Street
 Springfield, IL 62767-0001

Important Notice: Disclosure of this information is **required** under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.

This application must be typed.		
Fee Requirement: Attach a check or money order payable for \$50 for a 2 year license , payable to the Director of Insurance .		
Name of Applicant	FEIN #	
Business Address (number, street)	Telephone #	
City, State, Zip Code	E-mail address	
Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company		
THE FOLLOWING QUESTIONS MUST BE ANSWERED:		
1. Has the applicant, officer or director been convicted of a felony? If "yes," attach certified copies of the indictment, judgement and sentencing order.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Has the self-service storage facility or any officer or director been refused a license to act as an insurance agent, broker, producer or solicitor, or has a license to act as such ever been denied, suspended, revoked or surrendered for disciplinary reasons in any state either as an individual or as a member of a self-service storage facility? If "yes," attach a copy of the order and other applicable documents.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Has the self-service storage facility or any officer or director, within the past 12 months, been adjudged bankrupt and did the bankruptcy include insurance fiduciary monies? If "yes," enclose a copy of the order of bankruptcy, including a complete list of creditors.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>❖❖❖ Declaration ❖❖❖</p> <p>I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief.</p>		
_____	_____	_____
Print Name and Title	Signature	Date

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