

Self-service storage licensee employee list and certification

Self-service storage licensee name _____

Primary business address _____

WAOIC (license number) _____ Number of locations _____

List all branches of the self-service storage entity, identifying the manager of each location and employees at each location. You may attach a separate document if you need more space.

Address	Manager name	Employees

I certify that all employees have completed the approved training and education program on file with the commissioner's office. No person other than an employee offers, sells, or solicits self-service storage insurance on the licensee's behalf.

Name _____ Signature _____

Date _____ Role or position _____

Contact: OIC Producer Licensing & Oversight | 360-725-7144 | prodcomp@oic.wa.gov

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Created 3.20.24