



State of Illinois
Self-Service Storage Limited License Renewal Application

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

This application must be typed.		
The RENEWAL FEE is \$50.00. Make checks payable to the Director of Insurance .		
Name	License # or FEIN #	
Business Address (number and street)	Telephone #	
City, State, Zip Code	E-mail Address	
THE FOLLOWING QUESTIONS MUST BE ANSWERED:		
1. Has the licensee, 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 any disciplinary reasons in any other 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 judged bankrupt and did the bankruptcy include 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
_____	_____	_____
Print Name and Title	Signature	Date

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