



**SOUTH CAROLINA DEPARTMENT OF INSURANCE**

Self-Service Storage

Limited Insurance License

(Please Print or Type)

Notice of Appointment

Notice of Termination

**This form should be completed by an officer of an insurer authorized to transact insurance business in the State of South Carolina**

**Full Legal Name of Limited License Applicant**

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**Sponsoring Insurance Company Name**

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**SC NAIC Code**

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This is to certify that the applicant named above is appointed to act as a limited insurance licensee to write self-service storage insurance coverage for this company in the State of South Carolina subject to the applicant's qualifying for a license. If and when this appointment is terminated or canceled, the Department will be notified of such termination.

This applicant meets the requirements as set out in the South Carolina Insurance Code and the rules and regulations promulgated by the South Carolina Department of Insurance and the insurer named above has satisfied itself that the applicant is trustworthy and competent to write coverage authorized under the Self-Service Storage limited license.

This appointment is made in accordance with the provision of South Carolina Insurance Code, Section 38-43-630(A).

Under the penalties of perjury, I affirm that the statements made in the foregoing certification are true and hereby subscribe thereto.

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**Original Signature of Appointing Officer**

**Date Signed**

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**Print or Type Signing Officer's Full Legal Name**