

**Title 20—DEPARTMENT OF  
INSURANCE, FINANCIAL INSTITUTIONS AND  
PROFESSIONAL REGISTRATION  
Division 700—Insurance Licensing  
Chapter 1—Insurance Producers**

**EMERGENCY RULE**

**20 CSR 700-1.170 Licensing Procedures and Standards for Limited Lines Self-Service Storage Insurance Producers**

*PURPOSE: This rule prescribes the license application process, fee, and initial training for limited lines self-service storage insurance producers. This rule also prescribes the register for listing individuals that offer self-service storage insurance on the behalf of the licensed limited lines self-service storage insurance producer. Any form referenced in this regulation may be accessed at the department's website at [www.insurance.mo.gov](http://www.insurance.mo.gov).*

*EMERGENCY STATEMENT: This emergency rule incorporates changes to the law effected by SS SCS HCS HB 2194, 98<sup>th</sup> Gen. Assemb. (2016), section 379.1640, effective on August 28, 2016. This emergency rule is necessary to preserve the compelling governmental interest of facilitating access to the new licensure created by legislation and providing clarity to license applicants. A proposed rule identical in substance is published in this issue of the **Missouri Register**. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The Department of Insurance, Financial Institutions and Professional Registration believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed August 18, 2016, becomes effective August 28, 2016, and expires February 23, 2017.*

(1) Application and Fees. Application for a limited lines self-service storage insurance producer license shall include the following:

(A) A completed application form, included herein as Exhibit 1 of this rule, or any form that substantially comports with the specified form; and

(B) One hundred dollar (\$100) application fee.

(2) Qualified Training Program.

(A) Applicants for a limited lines self-service storage insurance producer license shall complete a training course approved by the director, as listed on the department's limited lines self-service storage insurance producer webpage at [www.insurance.mo.gov](http://www.insurance.mo.gov).

(B) An individual licensed in Missouri as an insurance producer with the property insurance line of authority shall be deemed as having completed the qualified training program requirement described in (2)(A).

(3) Register of Individuals Offering Self-Service Storage Insurance on Limited Lines Self-Service Storage Insurance Producer's Behalf.

(A) Contents of register to be established, maintained, and updated by the limited lines self-service storage insurance producer.

1. Each limited lines self-service storage insurance producer shall establish at the time of licensure, and thereafter maintain and update annually a self-service storage register that shall include the following:

A. Name, address, telephone number, and email address of the limited lines self-service storage insurance producer;

B. Name, address, telephone number, and email address of any officer or person who directs or controls the limited lines self-service storage insurance producer's operations;

C. Name, address, telephone number, and email address of each individual that offers self-service storage insurance on behalf of the limited lines self-service storage insurance producer;

D. The self-service storage facility's federal tax identification number; and

E. Dated signature by the limited lines self-service storage insurance producer, under penalty of perjury, certifying that each individual listed on the self-service storage register complies with 18 U.S.C. § 1033.

(B) The limited lines self-service storage insurance producer shall submit the self-service storage register within thirty (30) days upon request by the department.

(4) The limited lines self-service storage insurance producer shall require each employee and authorized representative of the self-service storage insurance producer to receive a program of instruction or training that has been reviewed and approved by the director. The training material shall, at a minimum, contain instructions on the types of insurance offered, ethical sales practices, and required disclosures to prospective customers.

*AUTHORITY: sections 374.045, RSMo Supp. 2013 and SS SCS HCS HB 2194, 98<sup>th</sup> Gen. Assemb. (2016) section 379.1640. Emergency rule filed August 18, 2016, effective August 28, 2016, and expiring February 23, 2017. A proposed rule identical in substance is published in this issue of the Missouri Register.*



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS  
AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**APPLICATION FOR LIMITED LINES SELF-SERVICE  
STORAGE INSURANCE PRODUCER LICENSE**

**EXHIBIT 1**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
THIS FORM MAY BE DUPLICATED

**PLEASE PRINT OR TYPE**

1. SOCIAL SECURITY NUMBER				2. DATE OF BIRTH				
3. LAST NAME		JR./SR., ETC.		4. FIRST NAME		5. MIDDLE NAME		
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)			7. P.O. BOX	8. CITY		9. STATE	10. ZIP CODE	11. COUNTRY
12. HOME TELEPHONE NUMBER			13. MOBILE TELEPHONE NUMBER			14. PERSONAL EMAIL ADDRESS		
15. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female		16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen? _____						
17. BUSINESS ENTITY NAME								
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)			19. P.O. BOX	20. CITY		21. STATE	22. ZIP CODE	23. COUNTRY
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)			25. BUSINESS FAX NUMBER		26. BUSINESS EMAIL ADDRESS		27. BUSINESS WEBSITE ADDRESS	
28. APPLICANT'S MAILING ADDRESS		29. P.O. BOX	30. CITY		31. STATE	32. ZIP CODE	33. COUNTRY	
34A. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.								
34B. LIST ALL TRADE NAMES UNDER WHICH YOU ARE CURRENTLY DOING BUSINESS OR INTEND TO DO BUSINESS.								

**EMPLOYMENT HISTORY**

35. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education.

NAME	FROM		TO		POSITION HELD
	MONTH	YEAR	MONTH	YEAR	
CITY STATE COUNTRY					
CITY STATE COUNTRY					
CITY STATE COUNTRY					
CITY STATE COUNTRY					
CITY STATE COUNTRY					

**BACKGROUND INFORMATION**

36. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime?  YES  NO
- "Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions. You must include felony DUI and DWI convictions.
- "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

**BACKGROUND INFORMATION**

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document that demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding or action regarding any professional or occupational license or registration, or regarding the lack of such license or registration?  YES  NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, a voluntary forfeiture, a cease and desist order, a prohibition order, a consent order, or being placed on probation. "Involved" also includes the act of surrendering a license to resolve an administrative proceeding or action. "Involved" also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license or is related to the lack of such license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions or because of your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document that demonstrates the resolution of the charges and/or a final judgment.

3. Has any demand been made or judgment rendered against you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company, for overdue monies by a provider, an administrator, an insurer, an insured, or a producer?  YES  NO

Have you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company ever been subject to a bankruptcy proceeding?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of the demand or judgment,
- b) a certified copy of the judgment, a copy of the demand, and copies of any other relevant documents,
- c) a certified copy of the official document that demonstrates the resolution of the demand or judgment,
- d) a written statement detailing the case number, type of bankruptcy, the court it was filed before, and summarizing the details of the indebtedness and arrangements for repayment,
- e) a certified copy of the "Notice of Bankruptcy" or its equivalent, and
- f) a certified copy of the "Order Discharging Debtor" or its equivalent.

4. Have you failed to pay state or federal income tax?  YES  NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each administrative or court order,
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.),
- c) a certified copy of each administrative or court order, judgment, and/or lien, and
- d) a certified copy of the official document that demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).

5. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
- c) a certified copy of the official document that demonstrates the resolution of the charges and/or a final judgment.

**BACKGROUND INFORMATION**

6. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  YES  NO
- Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  YES  NO
- Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  YES  NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a motor vehicle extended service contract producer license, and
  - b) copies of all relevant documents.
7. Do you currently have or have you had a child support obligation?  YES  NO
- If you answer yes:
- a) are you in arrearage?  YES  NO
  - b) by how many months are you in arrearage? \_\_\_\_\_ months
  - c) what is the total amount of your arrearage? \_\_\_\_\_
  - d) are you currently subject to a repayment agreement to cure the arrearage? (If you answer yes, provide documentation showing an approved repayment plan from the appropriate state child support agency.)  YES  NO
  - e) are you in compliance with said repayment agreement? (If you answer yes, provide documentation showing proof of current payments from the appropriate state child support agency.)  YES  NO
  - f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)  YES  NO
  - g) have you ever been convicted of a misdemeanor or felony for failure to pay child support?  YES  NO

**APPLICANT'S CERTIFICATION AND ATTESTATION**

37. The Applicant must read the following very carefully:
- 1. I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
  - 2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
  - 3. I further certify, under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 36.4.
  - 4. I further certify, under penalty of perjury, that a) I have no child support obligation, b) I have a child support obligation and I am currently in compliance with that obligation, or c) I have a child support obligation that is in arrears, I am in compliance with a repayment plan to cure the arrears, and I have provided all information and documentation requested in Background Information Question 36.7.
  - 5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
  - 6. I acknowledge that I understand and will comply with the self-service storage laws and regulations of Missouri and of any other jurisdiction to which I apply for licensure.
  - 7. Non-Resident License Applicants: I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from Missouri. (Applies only if Applicant's home state/resident state issues licenses that authorize the marketing of limited lines self-storage insurance.)

**APPLICANT'S CERTIFICATION AND ATTESTATION (CONTINUED)**

APPLICANT'S ORIGINAL SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

MONTH/DAY/YEAR

**NOTARY**NOTARY PUBLIC EMBOSSEY OR  
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

**INSTRUCTIONS**

1. All applicants must submit a nonrefundable \$100 application fee in the form of a check or money order, made payable to DIFP - Insurance.
2. Mail completed application to: MO DIFP – Insurance  
P.O. Box 4001  
Jefferson City, MO 65102-4001