**Change of Supervising Entity Form**

**Portable Electronic Device Vendors & Self-storage Providers**

Pursuant to 24-A M.R.S. § 7004(1)(B) and § 7504(1)(B) the insurer issuing either portable electronic device (PED) insurance or self-storage insurance must supervise the administration of the sale of insurance. The supervision may be by the insurer directly or by a supervising entity licensed as a producer business entity or insurer.

PED Vendor or Self-storage Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEIN #: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maine License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Name of New Supervising Entity** | **Maine License #** | **NPN # (if applicable)** |
|  |  |  |

Person Completing This Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title and Employing Insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is **no fee** to change a supervising entity.

If you have any questions, please contact 207-624-8475 or e-mail insurance.pfr@maine.gov