

State of Maine Bureau of Insurance SUPERVISING TRAVEL INSURANCE PRODUCER REGISTRY

Supervising Travel Insurance Producers (STIPs) are required to establish and update a register of each travel retailer that offers travel insurance on behalf of the STIP pursuant to 24-A M.R.S. § 7054(2).

Please attach additional pages as necessary and return your completed registry to:

For US Postal Service Bureau of Insurance deliveries
including overnight express:
34 State House Station
Augusta, ME 04333-0034

For private deliveries such as FedEx and UPS: Bureau of Insurance 76 Northern Ave Gardiner, ME 04345-2832

Or send via fax: (207) 624-8599

Questions? Contact us at: Phone: (207) 624-8475 or email us at: Insurance.pfr@maine.gov

	Select Submis	sion Type				
New Supervising Travel Insurance Producer Entity Registry						
🗌 Registry Update for Licensed Supervising Travel Insurance Producer Entity, Maine License Number:						
Supervising Tra	vel Insurance P	roducer Entity I	nformation			
1. Supervising Travel Insurance Producer Name			2. FEIN			
3. Business Mailing Address	4. City	5. State	6. Zip Code			
7. Phone Number (include Ext.)	8. Business E-Mail Address					
9. Designated Responsible Producer Name and Maine License Number						
 10. On behalf of the Supervising Travel Insurance Producer, the undersigned certifies, under penalty of perjury, that: All of the information submitted in this registry is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this registry is grounds for license revocation and may subject me and the Supervising Travel Insurance Producer to civil or criminal penalties. The Supervising Travel Insurance Producer grants permission to the Maine Superintendent of Insurance in to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company. I authorize the Maine Bureau of Insurance to give any information they may have concerning the Supervising Travel Insurance Producer, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Maine Bureau of Insurance and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State of Maine. I certify that the registered travel retailers listed below comply with 18 U.S.C. 1033. 						
Signature	Title					
Typed or Printed Name	Month/Day/Year					

Associated Travel Retailers							
Location 1	1. Travel Retailer Name						
	3. Business Mailing Address	4. City	5. State	6. Zip Code			
	7. Phone Number (include Ext.)	8. Business E-	8. Business E-Mail Address				
	9. Officer or person who controls this location's operations						
Location 2	1. Travel Retailer Name						
	3. Business Mailing Address	4. City	5. State	6. Zip Code			
	7. Phone Number (include Ext.)	8. Business E-	8. Business E-Mail Address				
	9. Officer or person who controls this location's operations						
Location 3	1. Travel Retailer Name						
	3. Business Mailing Address	4. City	5. State	6. Zip Code			
	7. Phone Number (include Ext.)	8. Business E-Mail Address					
	9. Officer or person who controls this location's operations						
Location 4	1. Travel Retailer Name		2. FEIN				
	3. Business Mailing Address	4. City	5. State	6. Zip Code			
	7. Phone Number (include Ext.)	8. Business E	8. Business E-Mail Address				
	9. Officer or person who controls this location's operations						
Location 5	1. Travel Retailer Name			2. FEIN			
	3. Business Mailing Address	4. City	5. State	6. Zip Code			
	7. Phone Number (include Ext.)	8. Business E	8. Business E-Mail Address				
	9. Officer or person who controls this location's operations	I					