

# Certificate of Attendance

## Agent/Broker Training (Anti-Fraud Awareness)

**Instructions:**

*This training is approved by the California Department of Insurance's Fraud Division as providing continuing education to agents and brokers, as defined in California Insurance Code sections 1749, 1749.3, 1749.31, 1749.32, and 1749.33 . (By signing, you are acknowledging that you completed the entire training and understand your obligations to detect and report suspected insurance fraud).*

By signing below, I certify that I have attended the training listed above and am entitled to the following number of Continuing Education Credits.

**Total Hours**   1  

**Name:** (please print) \_\_\_\_\_

**License (or) National Producer Number (NPN):** \_\_\_\_\_

**Company:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_