

**California Department of Insurance**

Producer Licensing Bureau, Attention: LLC Processing  
320 Capitol Mall, Sacramento, CA 95814-4309  
(916) 492-3069, (916) 327-6907 (FAX)  
[cdibena@insurance.ca.gov](mailto:cdibena@insurance.ca.gov)  
LIC CC1B (Rev 3-21)



**Annual Certification of Coverage for Limited Liability Companies**  
Per California Insurance Code Section 1647.5

For purposes of satisfying the security requirements of California Insurance Code (Cal. Ins. Code) Section 1647.5, all Limited Liability Companies must annually provide evidence of financial security compliance. If an error and omission liability insurance policy or policies are being maintained to meet the financial security requirements under Cal. Ins. Code Section 1647.5, the amount required is a minimum of five hundred thousand dollars (\$500,000) which is at least one hundred thousand dollars (\$100,000) multiplied by the number of licensees rendering professional services on behalf of the LLC. However, the maximum amount is not required to exceed five million dollars (\$5,000,000).

This certification form is to be used when filing annual confirmations, as required by Cal. Ins. Code Section 1647.5(c), if the security requirements are satisfied wholly or in part, with an insurance policy. **Please return this completed form to the address or fax number shown above. (This form must be completed and signed by a representative of the insurance company only.)**

I hereby certify that the insurance company listed below has issued a policy or policies of insurance as follows (policy must name the limited liability company as named insured):

Insured Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

LLC Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Insurance Company: \_\_\_\_\_

Specify whether: Blanket Policy  or Individual Policy

Specify number of licensees rendering professional services: \_\_\_\_\_

I hereby certify that the Limited Liability Company named above is insured against claims arising from errors and omissions as defined and described in the amounts and limits set forth in Cal Ins Code Section 1647.5. I understand and agree that the insurance coverage for the entity and person (s) insured under this policy or policies may not be terminated, canceled, or non-renewed, regardless of cause or reason, without providing written notice to the Commissioner within ten (10) days.\*

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

Must be an Insurance Company Representative and **not** a member, manager or officer of the LLC.

Title \_\_\_\_\_

\* The insurer cannot cancel, non-renew, or terminate a policy without first providing written notice to the California Department of Insurance (CDI) within 10 days of any cancellation, termination or non-renewal. In the event the principal/named insured cancels their LLC policy with fewer than 10 days' notice, this provision requires only that the insurer notify CDI within 10 days of said cancellation.