State of California Department of Insurance

Notice of Appointment – Portable Electronics Insurance Agent

LIC PE 1(Rev 1/2012)

Producer Licensing Bureau
320 Capitol Mall
Sacramento, CA 95814
www.insurance.ca.gov

Portable Electronics Insurance Agent Notice of Appointment

To California Insurance Commissioner
Pursuant to CIC Section 1758.62 (a)(2)

Insurer Name:_____

FEIN: _____ NAIC # _____CA Company # _____
(Federal Employee Identification Number)

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby appoints the portable electronics vendor named herein to act as its agent and certifies that it has satisfied itself that the named portable electronics vendor is trustworthy and competent to act as its portable electronics insurance agent.

Name of Portable Electronics Vendor: _____

Social Security # */ FEIN: _____ Effective Date: _____
(* Mandatory per CIC §1666.5; Cal. Civil Code § 1798.17; Cal. Family Code § 1752(d); and Federal Privacy Act of 1974 §§7(a)(2)(B)and 7(b).)

CIC Section 1758.62 (a)(2) requires that an applicant for a portable electronics insurance agent license under this article shall file with the commissioner a certificate by the insurer that is to be named in the portable electronics insurance agent license, stating that the insurer has satisfied itself that the named applicant is trustworthy and competent to act as its insurance agent limited to this purpose and that the insurer will appoint the applicant to act as its agent to transact the kind or kinds of insurance that are permitted by this article, if the portable electronics insurance agent license applied for is issued by the commissioner.

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to request for this information made by child support agencies.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This is executed on the _____ day of _____ , 20___.

Signature must be that of an officer of the insurer, managing agent, or a person authorized under a Special Power of Attorney on file with this Department. Signature of insurer or managing agent of insurer:

_____ _____ _____
Name (print) Official Title (print) Date

Phone Number (____)_____

_____
Name of Insurer or Managing Agent (print)

By: _____
(Signature)