

**Annual Certification of Endorsee Training - Credit Insurance Agent**

LIC CI 40 (Rev 05/08)

**Producer Licensing Bureau**

320 Capitol Mall

Sacramento, CA 95814-4039

916-492-3069

[www.insurance.ca.gov](http://www.insurance.ca.gov)

**Annual Certificate of Compliance**  
To California Insurance Commissioner  
Pursuant to CIC Section 1758.93 (b) and 1758.94 (a)

I, \_\_\_\_\_ as an officer or/and owner of \_\_\_\_\_  
(Please print name) (Name of Credit Insurance Agency)

hereby certify under penalty of perjury under the laws of the State of California that the following is true and correct for the twelve month period from \_\_\_\_\_ to \_\_\_\_\_:

1. No person other than an authorized employee sells or offers insurance on its behalf.
2. All authorized employees have completed the required training and/or have been retrained for this period.

Licensee's Name \_\_\_\_\_ License Number: \_\_\_\_\_

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

Title \_\_\_\_\_