CALIFORNIA EARTHQUAKE INSURANCE PREMIUM, EXPOSURES & POLICY COUNT DATA CALL

SIGNATURE PAGE

California Insurance Code
Section 10089.13 (a)

Company or Group Name	*Company NAIC Code*	*Group Code*
Address	*City, State, Zip Code*	

Please mark the appropriate box:

☐ Our Company did not write any business in Homeowners multi-peril (line 4.0), Fire (Line 1.0), Commercial multi-peril (Line 5.1), and Earthquake (Line 12) in 2015.

☐ Reporting Form is hereby submitted (due no later than **March 15, 2016**)

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of the Officer	*Date*	
Name of the Officer (Please print)	*Phone Number*	*Fax Number*
Title	*E-Mail Address*	

Name and Title of the Contact Person	*Phone Number*	*Fax Number*
E-Mail Address		