State of California Department of Insurance

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 these type Multiple Peril, Commercial Multiple Peril Data Collection Workbook (Excel) is hunder penalty of perjury, I declare that I have examinated to the best of my knowledge and belief, it is true,	eril (Non-Liability), and/or Earthquak hereby submitted (due no later than hed this report, including accompanying	March 15, 2023).	
Signature of the Officer			
Name of the Officer (please print)	Phone Number	Fax Number	
Title of Officer	E-Mail Address of Officer		
Name of the Contact Person (please print)	Phone Number	Fax Number	
Title of Contact Person	F-Mail Address of Contact	F-Mail Address of Contact Person	