

## Supplementary Application for Certification of Convenience To Executor, Administrator, Widow or Heir

LIC 411-10 (Rev. 3/2020)

Name of Applicant: \_\_\_\_\_

Name of deceased agent or broker: \_\_\_\_\_

Date of death of deceased agent or broker: \_\_\_\_\_  
Month Day Year

### Supplementary Application

1. Do you agree to notify the Insurance Commissioner in writing of any sales or disposal of the business of the deceased agent or broker?  Yes  No

2. Have you been named as executor or administrator of the estate of the above-named deceased agent or broker?  Yes  No

If answer to question is "yes" please attach a certified copy of the Court order appointing you as executor or administrator and you need not answer question 3 through 10. If the Court has not yet issued the order, you must complete this form in full.

3. Your relationship to the decedent: \_\_\_\_\_

4. Did the decedent, to your knowledge, leave a will?  Yes  No

5. If so, was an executor or administrator named in the will?  Yes  No

6. If your answer to question 5 is "yes," give the name of the executor or administrator: \_\_\_\_\_

7. Did the decedent leave any heirs other than you?  Yes  No

8. If your answer to question 7 is "yes," list names, addresses, and relationship to the decedent: \_\_\_\_\_

A letter from each of the above-named persons must accompany this application stating that he or she has knowledge of your application for this Certificate and has no objection to issuance of the same.

9. Do you affirm that to the best of your knowledge there has not been an executor or administrator appointed for the estate of the decedent and that you are either the widow or an heir entitled to conduct the business of the deceased agent or broker?  Yes  No

10. Do you agree to immediately notify the Insurance Commissioner, in writing, if an executor or an administrator of the estate of the decedent was appointed?  Yes  No

**APPLICANT'S CERTIFICATION:** I hereby certify (or declare) under penalty of perjury, under the laws of the State of California, that I have read the forgoing renewal application certifications and know the contents thereof and that each statement therein made is full, true and correct. Pursuant to the Sections 1668 (h) and 1738 of the California Insurance Code any false statement may subject my application to denial and my license (s) to suspension or revocation.

Applicant's Signature: \_\_\_\_\_

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
City or Town State Zip code

**Return this Application to:** CALIFORNIA DEPARTMENT OF INSURANCE  
320 Capitol Mall  
SACRAMENTO, CA 95814-4309  
(800) 967-9331