

**Credit Insurance Agent Notice of Appointment**

LIC CI 20 (Rev 05/08)

Producer Licensing Bureau  
320 Capitol Mall  
Sacramento, CA 95814-4039  
(916) 492-3069  
www.insurance.ca.gov

Pursuant to CIC Section 1758.92(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 credit insurance agent named herein to act as its agent and certifies that it has satisfied itself that the named credit insurance agent is trustworthy and competent to act as its credit insurance agent.

Name of credit insurance agent being appointed: \_\_\_\_\_

Agent's Federal Employee Identification Number: \_\_\_\_\_

Effective date of appointment: \_\_\_\_\_

**Signature of insurer:** \_\_\_\_\_

(Signature must be that of an officer of the insurer or a person authorized under a Special Power of Attorney on file with the Department.)

\_\_\_\_\_  
Name (print)

(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Official Title

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

\_\_\_\_\_  
Date