STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE

SUBSCRIPTION AGREEMENT - CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN

CDI-028 (Rev. 11/2015)

Pursuant to section 2498, Title 10 of the California Administrative Code, every insurer admitted to transact liability insurance must subscribe to the California Automobile Assigned Risk Plan (CAARP). Such subscription must be in the form below and filed with the Commissioner upon application for admission to transact liability insurance.

WHEREAS, the Insurance Commissioner of the State of California, after public hearing upon published notice, has approved and issued, pursuant to Article 4, Chapter 1, Part 3, Division 2 of the California Insurance Code, a plan for the equitable apportionment, among insurers admitted to transact liability insurance in the State of California, of those applicants for automobile bodily injury and property damage liability insurance who are in good faith entitled to but are unable to procure such insurance through ordinary methods, which plan has been designated as the "California Automobile Assigned Risk Plan" and is by reference incorporated herein and made a part hereof; and

WHEREAS, the undersigned is an insurer which either is presently admitted to transact liability insurance in the State of California or has applied for a Certificate of Authority or an amended Certificate of Authority to transact liability insurance in the State of California and is required by the provisions of Section 11620 of said Code to subscribe to and participate in such Plan;

NOW THEREFORE, pursuant to the provisions of said Section 11620 of the California Insurance Code, and in consideration of its admission to transact liability insurance in the State of California, the undersigned insurer hereby subscribes to said California Automobile Assigned Risk Plan and agrees to participate therein in accordance with the terms thereof as such terms presently exist and as such terms may be amended in accordance with law.

This Subscription and Agreement shall be deemed to have been executed in the State of California and the interpretation and enforcement thereof shall be governed by the laws of that State.

IN WITNESS WHEREOF, the said insurer has to these presents caused its name to be subscribed and attested by its President and Secretary at _____, State of _____, this _____ day of _____ 20_____.

_____
Name of Insurer

By: _____ By: _____
President Secretary

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County of _____)

On _____ before me, _____
(Notary Public)
personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)