

**STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE
AMENDED CERTIFICATE OF AUTHORITY APPLICATION CHECKLIST**

If an admitted insurer wishes to add classes of insurance, an amendment to the insurer's current Certificate of Authority is required. Such a change must be formally processed by this Department in order to keep your Certificate of Authority current. The following information/documentation is necessary to process your change of domiciliary address.

1. File Application

Complete, execute and file the enclosed application to amend your Certificate of Authority.

Additionally, submit the original of your current Certificate of Authority for cancellation and thereafter it will be returned to you.

Note: The application for an amended Certificate of Authority incorporates an affidavit by which the Applicant insurer certifies as to any classes of insurance that it transacts outside of California and/or that are not reflected in its latest filed financial statement. Please give this section of the application your careful attention.

2. Pay Fee

If additional classes are requested, the fee is \$150 for each class requested. Otherwise, the fee is \$150. Submit the fee with the application and make your check payable to the California Insurance Commissioner. (Cal. Ins. Code §705.)

3. Charter Powers

The insurer must have on file with this Department its Articles of Incorporation or other documents showing that the insurer has proper corporate powers to transact the classes of insurance for which it applies. If said document has been amended, submit a copy duly certified by the proper custodian, or proved by affidavit to be a true copy. A \$79.00 filing fee is required for filing amended Articles of Incorporation. (Cal. Ins. Code, §§707, 708, 713, 14.)

4. Resolution

Provide a certified copy of the Board of Directors' Resolution authorizing this application for amended license. The Resolution must be certified as a true copy by the Corporate Secretary, under Seal.

5. Capital Requirements

An insurer must satisfy statutorily prescribed minimum capital and surplus requirements. (Cal. Ins. Code, §§ 36 and 700.01 et seq.)

6. Plan Of Operation For Added Classes

In narrative form, provide a complete and detailed plan of operation with respect to the requested additional classes. Fully describe all plans regarding proposed products, markets, marketing program and production. (10 Cal. Code Reg. §2605.01(C)) See attached Plan of Operation Guidelines.

7. Workers' Compensation

If the insurer desires to add workers' compensation insurance, compliance with the following special requirements is necessary. (Cal. Ins. Code, §§109, 11690 et seq.)

- (a) Rating Organization - The insurer must join the Workers' Compensation Insurance Rating Bureau or other acceptable and properly licensed rating organization of workers' compensation insurance. The address of the Rating Bureau is 1221 Broadway, Ste. 900, Oakland, CA 94612. Communicate directly with its manager.
- (b) Bond or Deposit - The insurer must furnish a workers' compensation deposit or letter of credit in the minimum amount of \$100,000.
Instructions as to the procedure for making such a deposit can be found on our internet site: www.insurance.ca.gov under the heading of insurer and subheading of California Certificate of Authority.

8. Liability

If the insurer desires to add liability insurance, it must subscribe to the California Automobile Assigned Risk Plan. Four copies of the subscription form are enclosed; three copies of which, properly completed and executed, must be returned to this Department. If the insurer will not transact automobile bodily injury and property damage liability insurance, it must nevertheless become a member of the California Automobile Assigned Risk Plan. However, assignments will not be made to an insurer which does not transact automobile liability. (Cal. Ins. Code, §§11621; 10 Cal. Code Reg., §2449.)

9. To Delete A Class Or Classes Of Insurance

In narrative form, provide the reasons for deleting the class or classes. If the company's outstanding liabilities for the class or classes have been or will be reinsured and assumed by another admitted insurer, submit a copy of the reinsurance agreement. If the company has no outstanding policies issued to California residents for the class or classes to be deleted, submit an affidavit by a company officer who has personal knowledge of the matter so stating. Include the following sentence in the affidavit. "I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct."

10. Applications Of Affiliated Companies

Applicant must disclose any affiliated Companies that have applications pending with the Department, together with a complete disclosure for each company. The disclosure must identify each company, and include the date the application was filed, type of application, applicant's relationship with all applicable affiliates, and any other information pertinent to complete the disclosure.

11. Affiliated Companies/Organizational Chart

Provide the names of Applicant's affiliated insurance companies, including mutuals, both admitted and nonadmitted, regardless of the extent of affiliation. Additionally, provide a detailed, structured organizational chart illustrating the entire holding company system, commencing with the ultimate parent (whether a corporation, partnership, association, trust or individuals) and including all subsidiaries and affiliates. The organizational chart must show the ownership percentage of each entity's relationship to its parent or subsidiary, as the case may be.

12. Rate Filings

Please be advised that the Applicant's rate filing application must be submitted to the Rate Filing Bureau and approved prior to writing the new class in this state.

CAB Intake Desk
Corporate Affairs Bureau
(415) 538-4035