

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

APPLICATION FOR APPROVAL (OR RENEWAL) AND REGISTRATION OF  
NAME FOR UNDERWRITER’S POLICY

To the Insurance Commissioner  
1901 Harrison Street, Oakland, CA 94612

Filing Fee \$ \_\_\_\_\_  
Renewal \$ \_\_\_\_\_

Application is hereby made pursuant to Insurance Code Sections 882, 883, 884, inclusive for APPROVAL (**Section 884 for RENEWAL**) (*cross out the inapplicable words*) of the following name or title.

(NOTE: Applications for approval of new names should normally include the full name of applicant as part thereof; e.g. – “ABC Underwriters of XYZ Insurance Company.”)

\_\_\_\_\_ of \_\_\_\_\_

over which the undersigned applicant or applicants propose to issue an underwriter’s policy (pursuant to Section 883, id.) or any policy of insurance under a name differing from the name of applicant.

In support hereof, applicant alleges as set for in Sections A and B if this is an application for approval and registration of a new name, or as set forth in Sections A and C if this is an application for renewal of a registered name pursuant to Insurance Code Sections 884, as follows:

- A.
- 1. Applicant has a bona fide, legitimate, business use for the above name.
  - 2. Applicant understands that approval and registration of such name will not create a production agency bearing said name and that said name may not be used for producers’ licenses.
- B.
- 1. Applicant is not seeking this registration for the purpose of preventing any person, corporation, partnership or association whose true name or acquired name is similar to the key words or unique portion of the above name from enjoying the full use of such true name or acquired name in the insurance industry.
  - 2. If this application is approved, applicant intends in good faith to issue insurance policies in such name.
  - 3. That the name herein sought to be approved and registered is not so similar to the true or acquired name of any person, corporation, partnership or association known to applicant underwriting the same class or classes of insurance in the same geographical area as applicant that it will, in applicant’s considered opinion, be likely to mislead the public.
- C.
- 1. During the two years last, past applicant has issued insurance policies in or over the name for which renewal is hereby applied for.
  - 2. Applicant has not used said name in a manner which has resulted in misrepresentation or fraud or violation of any law governing the conduct of its business.
  - 3. There has been no change in applicant’s use of the name from that heretofore represented to the Insurance Commissioner, except as stated in writing concurrently herewith.

\_\_\_\_\_  
*Name of Insurance Company Applicant*

By \_\_\_\_\_ Title

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, the above-named officer executing this application on behalf of applicant, hereby certify under penalty of perjury that I have read the foregoing application and know the contents thereof; that the same are true of my own knowledge.

Dated \_\_\_\_\_

APPROVED for the ending period \_\_\_\_\_

\_\_\_\_\_  
Insurance Commissioner