CALIFORNIA EARTHQUAKE PROBABLE MAXIMUM LOSS QUESTIONNAIRE

SIGNATURE PAGE

CDI RSU-001 (REV 1/2015)

California Code of Regulations

Title 10, Chapter 5, Subchapter 3, Article 3, Section 2307

Company or Group Name	*Company NAIC Code*	*Group Code*
Address	*City, State, Zip Code*	

Please mark the appropriate box:

- ☐ Our Company did not have any Earthquake Insurance In-Force as of **December 31, 2014**
- ☐ Form A is hereby submitted (due no later than June 30, 2015)
- ☐ Form B is hereby submitted (due no later than August 31, 2015)

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of the Officer	*Date*	
Name of the Officer (Please print)	*Phone Number*	*Fax Number*
Title	*E-Mail Address*	

Name of the Contact Person (Please print)	*Phone Number*	*Fax Number*
E-Mail Address		