

CALIFORNIA EARTHQUAKE PROBABLE MAXIMUM LOSS QUESTIONNAIRE

SIGNATURE PAGE

CDI RSU-001 (REV 1/2016)

California Code of Regulations

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Company or Group Name</i>	<i>Company NAIC Code</i>	<i>Group Code</i>
<input type="text"/>	<input type="text"/>	
<i>Address</i>	<i>City, State, Zip Code</i>	

Please mark the appropriate box:

- Our Company did not have any Earthquake Insurance In-Force as of **December 31, 2015**
- Form A is hereby submitted (due no later than June 30, 2016)
- Form B is hereby submitted (due no later than August 31, 2016)

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.

<input type="text"/>	<input type="text"/>	
<i>Signature of the Officer</i>	<i>Date</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of the Officer (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<input type="text"/>	<input type="text"/>	
<i>Title</i>	<i>E-Mail Address</i>	

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of the Contact Person (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<input type="text"/>	<input type="text"/>	
<i>E-Mail Address</i>		