

SURVEY OF TRANSPORTATION NETWORK COMPANY (TNC) INSURANCE

Reporting Period: January 1, 2014 to December 31, 2016

SIGNATURE PAGE

<input type="text"/>	<input type="text"/>	
<i>Company Name</i>	<i>NAIC Company Code</i>	
<input type="text"/>	<input type="text"/>	
<i>Group Name</i>	<i>NAIC Group Code</i>	
<input type="text"/>		
<i>Address</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Admitted in California		
Non-admitted and transacted through a Surplus Lines Broker.		

Yes, our company wrote Transportation Network Company (TNC) insurance for a TNC or its participating drivers at any time from January 1, 2014 to December 31, 2016. The completed Survey is enclosed.

No, our company did not write any TNC insurance for a TNC or its participating drivers at any time from January 1, 2014 to December 31, 2016. The signed Signature Page is enclosed. (No other documents are required.)

Under penalty of perjury, I declare that I have examined this report, 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>Title</i>	<i>E-Mail Address</i>	

This Survey Is Due No Later Than: JULY 1, 2017

Print, sign, and return the completed form. Please email a scanned PDF copy of the completed Signature Page to the Rate Specialist Bureau at rsbtnc@insurance.ca.gov. Any questions / correspondence can be directed to: rsbtnc@insurance.ca.gov.