

CALIFORNIA EARTHQUAKE INSURANCE PREMIUM, EXPOSURES & POLICY COUNT DATA CALL SIGNATURE PAGE

California Insurance Code
Section 10089.13(a)

<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 write any business in Homeowners multiple peril (line 4.0), Fire (Line 1.0), Commercial multiple peril (Line 5.1), or Earthquake (Line 12) in 2017.

Data Collection Workbook (Excel) is hereby submitted (due no later than **March 15, 2018**)

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>Title</i>	<i>E-Mail Address</i>	