

SURVEY OF CALIFORNIA SHARED MOBILITY DEVICE INSURANCE EXPERIENCE

SIGNATURE PAGE

Reporting Period: January 1, 2024 to December 31, 2025

<i>Company Name</i>			<i>NAIC Company Code</i>
<i>Group Name</i>			<i>NAIC Group Code</i>
<i>Address</i>			
<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 shared mobility device insurance for a shared mobility service provider or its participating users at any time from January 1, 2024 to December 31, 2025. The completed Survey is enclosed.
- ☐ **No**, our company did not write any shared mobility device insurance for a shared mobility service provider or its participating users at any time from January 1, 2024 to December 31, 2025. 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.

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

<i>Name of the Contact Person (Please print)</i>	<i>Contact's Phone Number</i>	<i>Contact's Fax Number</i>
<i>Title of Contact Person</i>	<i>Contact's E-Mail Address</i>	

This Survey Is Due No Later Than: NOVEMBER 6, 2026

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