

California Department of Insurance



NOTICE OF INTENT TO WITHDRAW PROGRAM (CALIFORNIA)

Company Tracking Number¹:

Application Type: Rule/Form

Company Name:

Group Name:

Line of Insurance:

Program to be Withdrawn:

Effective Date of Withdrawal:

Title of Declarant:

Name of Declarant:

Telephone # of Declarant:

Active Programs Remaining in Company (list all that apply):

¹ "Company Tracking Number" is the "Co Tr Num" listed on SERFF to identify the application.

Rationale for Withdrawal:

I am employed with the above-referenced Group, and I am authorized to execute this Notice of Intent to Withdraw on its behalf.

I declare under penalty of perjury under the laws of the State of California, that the above referenced Company hereby intends to withdraw from the aforementioned Program on the effective date stated above.

I declare under penalty of perjury that that all forms, rates, and rules associated with the Program will be withdrawn on the stated effective date.

I agree that the Company will not file a replacement program for at least three (3) years after the effective date of the withdrawal of the Program.

I understand there are terms in this Notice that, if violated, could subject the Company to regulatory enforcement actions by the California Department of Insurance.

Authorized Electronic Signature:

Date: