

CALIFORNIA DEPARTMENT OF INSURANCE
Statistical Analysis Division
Complaint Ratio Study
(CRS-2008)

AFFIDAVIT

State of _____)

County of _____)

_____ (*), being duly sworn, deposes and says that he/she is the
(name of company official responsible for compilation of data)

_____ of the _____; that the statistical data reported
(title of company official) *(company name)*

upon the accompanying data and forms are a true and accurate record of the company's experience for
Private Passenger Motor Vehicle and/or Personal Property Multiple Peril Insurance for the period covered
in the State of California to the best of his/her knowledge, information and belief.

*(Affiant - signature)**

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,

by _____ *(Affiant - print)**, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature _____

*** Affiant must be company official responsible for the
compilation of the data filing.**

A COPY OF THIS FORM MUST ACCOMPANY EACH FILING OF EXPERIENCE.