

**CALIFORNIA DEPARTMENT OF INSURANCE
STATISTICAL ANALYSIS DIVISION
AUTO BODY REPAIR INSPECTIONS REPORT – II-2008**

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

_____ (*), being duly sworn, deposes and says that he/she is the
_____ of the _____ Company;
that the statistical data reported upon the accompanying data workbook is true and an accurate
compilation of the company's experience for Auto Body Repair Inspections Report 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 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 the company official
responsible for compilation of statistical data.

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