

CALIFORNIA DEPARTMENT OF INSURANCE
LANGUAGE ASSISTANCE PROGRAM DATA CALL
LAP-2009
AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

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

the _____ of the _____,
(title of company official) *(company name)*

confirm that the information reported and attachments provided in the LAP Cultural Appropriateness Report Form of the 2009 Language Assistance Program Data Call is a true and accurate compilation of our company's experience, pursuant to California Insurance Codes (CIC) §10133.8 & §10133.9 and Title 10, California Code of Regulations (CCR) §2538.1 – §2538.8, for the period covered 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.