

# VERIFICATION

(WHEN CERTIFICATE OF GOOD STANDING/COMPLIANCE IS UNAVAILABLE)

I declare under penalty of perjury under California law that the Insurance Department for the state/country of \_\_\_\_\_ does not issue a Certificate of Good Standing, Certificate of Compliance, or other equivalent Certificate. I further declare that a Certificate of Good Standing, Certificate of Compliance, or other equivalent Certificate is not available from any other state where the company is licensed and that I am an executive or officer of \_\_\_\_\_  
(Name of the Nonadmitted Insurer)

who has the authority to provide this declaration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date