

Department of Insurance
Limited Liability Company
Certification of Coverage Under Section 1647.5
of the California Insurance Code

I hereby certify that the insurance company listed below has issued a policy or policies of insurance as follows:

Insured Name: _____

License Number: _____

Company Name: _____

Address: _____

Policy Number(s): _____

Insurance Company: _____

Policy Effective Date: _____

Policy Expiration Date: _____

Specify whether blanket or individual policy: _____

Specify number of licensees rendering services: _____

I hereby certify that the limited liability company named above is insured against claims arising from errors and omissions as defined and described in the amounts and limits set forth in Section 1647.5 of the California Insurance Code. I understand and agree that the insurance coverage for the entity and person(s) insured under this policy or policies may not be terminated, canceled, or nonrenewed, regardless of cause or reason, without providing written notice to the commissioner within ten (10) days.

Signature: _____ Date: _____

(Insurance Company Representative)

Title: _____