

INDIVIDUAL CLAIMS AGENT LICENSEE
CERTIFICATION PURSUANT TO
INSURANCE REGULATION

Fair Claims settlement practices regulations, in state Licensed apply.

I, _____
(Broker name)

Certify under penalty of perjury that I have read and understand the Fair Claims Settlement Practices Regulations in the state where licensed.

Dated: _____

Signed: _____

Insurance License#: _____

INSTRUCTIONS:

Please fax or email completed forms to: fax:(925) 493-7526 Email: info@ghins.com
If you have any questions on the Fair Claims settlement practices regulations in your state, please call us and we will be happy to assist you.