

STATE OF COLORADO

COMPANY CHECKLIST FOR CLAIMS-MADE LIABILITY FORM CERTIFICATION FILINGS

REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Certification of Compliance	<ul style="list-style-type: none"> • Must have company name (Name of Entity) • It must contain an original signature of a company officer (President, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer). <p><i>Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign).</i></p> <ul style="list-style-type: none"> • If it is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors. This documentation must accompany each filing. • Must have current date 	<p style="text-align: center;">§10-4-419, C.R.S.</p> <p style="text-align: center;">Colorado Regulation 1-1-6</p> <p style="text-align: center;">Colorado Bulletin B-5.18 Exhibit Form CLM</p>
Listing of New Form(s) OR Annual Report of Forms	<ul style="list-style-type: none"> • Must be a separate document • Must list form numbers, titles, program and edition date • Must be filed 31 days prior to use • Must have effective date of use that is at least 31 days after the SERFF submission filing date. <i>**Note: filing date means the date the filing is RECEIVED in SERFF.</i> • Annual reports to be filed prior to July 1 of each year • Do not send actual forms 	<p style="text-align: center;">§10-4-419, C.R.S.</p> <p style="text-align: center;">Colorado Regulation 1-1-6</p>

PLEASE DO NOT SEND THIS CHECKLIST IN WITH THE FILING.

FORM CLM

COLORADO CLAIMS-MADE LIABILITY INSURANCE CERTIFICATION FORM FOR ANNUAL REPORTS AND LISTINGS OF NEW POLICY FORMS

I, THE UNDERSIGNED OFFICER OF _____
(Name of Entity)

AM KNOWLEDGEABLE OF CLAIMS-MADE LIABILITY INSURANCE;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS IDENTIFIED ON THE ATTACHED LISTING OF NEW POLICY FORMS OR ANNUAL REPORT WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, RULES AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY THAT THE POLICY FORMS IDENTIFIED ON THE LISTING OF NEW POLICY FORMS OR ANNUAL REPORT, FILED WITH THIS CERTIFICATION, ARE IN FULL COMPLIANCE WITH ALL RELEVANT COLORADO INSURANCE LAWS AND REGULATIONS.

(***Original*** Signature of Officer*)

(Title of Officer*)

(Printed Name of Officer*)

(Date)

**If the individual signing the certification is other than the president, vice president assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*