

Vermont Insurance Division
Commercial Lines Property & Casualty Certification Program
Compliance Certification

Insurer: _____

SERFF Tracking Number: _____

I, _____, am employed by the above-referenced Insurer and am authorized to make this certification on its behalf. I do hereby certify that I am knowledgeable as to the current Vermont laws, Vermont Rules and Regulations, Vermont Bulletins, and applicable filing requirements and product standards as set forth in the attached checklist and in the Rates and Forms section of the Vermont Insurance Division website. To my knowledge and belief, I hereby certify that the contents of this filing are in compliance with such laws, rules, regulations, bulletins and other Vermont filing requirements.

I understand that the Vermont Insurance Department will materially rely on this certification in reviewing this Filing. I further understand that should it be determined that the Product Filing does not comply with the applicable, laws, rules, regulations, bulletins and other Vermont filing requirements, or that this certification is false, misleading, or incorrect, any non-compliant policy provisions will have no legal effect and will be unenforceable, and the Vermont Insurance Department may take appropriate action against the insurer, including action under the applicable provisions of the Insurance Trade Practices Act.

Signature: _____ of Authorized Representative Certifying on Behalf of the Insurer

Date of Signature: _____

Printed Name: _____

Title: _____

Mailing Address: _____

Direct Telephone Number: _____

Email Address: _____