



STATE OF VERMONT
Department of Banking, Insurance, Securities & Health Care Administration
Insurance Division Producer Licensing
89 Main Street
Montpelier, VT 05620-3101

**Insurance Company Certificate
For
Business Entity Limited Lines License for Credit Insurance**

I, _____, an officer of
(Typed Name)

(Name of Appointing Company) Insurance Company,

hereby certify that _____,
(Name of Business Entity)

Business Entity FEIN# _____:
(Federal Identification Number for Entity)

1. Is trustworthy and competent to act as our Credit Insurance agent; and
2. We have provided training and education in conformity with the requirements set forth in Section 7(c) of Regulation I-2007-01.

Signed _____
(Signature of Officer of Company)

Position: _____

Insurance Company Name: _____

Insurance Company NAIC#: _____

Date: _____