NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
INSURER CREDIT INFORMATION COMPLIANCE CERTIFICATION

Name of Insurer:	**Insurer NAIC No.**
Address:	
Type of Insurance:	
Insurer File No.	**Scoring Model Name (include vendor name, if applicable):**
Model Version:	**Model Edition Date:**

I, [name of officer], a duly authorized officer of [name of insurer] ("the Insurer"), do hereby certify that I am knowledgeable with respect to Article 28 of the Insurance Law and Regulation 182, which are applicable to the use of credit information by an insurer to underwrite and rate personal lines insurance, and do hereby certify that such use of credit information by the Insurer is fully in compliance with the aforementioned law and regulation and, specifically, that the scoring model identified above, and other scoring processes used by the Insurer, do not utilize any factors, or other items, that are prohibited by the statute and regulation.

I understand that the Department of Financial Services will rely on this certification and should it be determined that the Insurer's use of credit information does not in fact comply with Article 28 of the New York Insurance Law and/or Regulation 182 and, therefore, that this certification is materially false or incorrect, appropriate corrective, disciplinary or other action as authorized by law may be taken by the Department of Financial Services against the Insurer and the undersigned.

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Signature of Authorized Officer *Date:*

Name of Authorized Officer :
(please print)

Title of Officer: *E-Mail Address:*

Direct Telephone Number: *Fax Number:*

STATE OF)
) ss:
COUNTY OF)

On the day of , 20 before me personally came , to me known to be the individual described in and who executed the foregoing Certification and acknowledged that he so did.

Notary Public