

**NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES**  
**POLICY FORM COMPLIANCE CERTIFICATION**

I, \_\_\_\_\_, a duly authorized officer of \_\_\_\_\_, do hereby certify that I am knowledgeable as to the law and regulations applicable to the type of policy form(s) submitted, and that such form(s) is (are) in compliance with the applicable law and regulations to the best of my knowledge and belief. I further hereby certify that the information contained in the checklists indicated in the Master List of Compliance Checklists, as submitted with, and made part of this filing, is true to the best of my knowledge and belief.

I understand that the New York State Department of Financial Services will rely on this certification, and should it be determined that the policy form(s) does (do) not comply with the applicable law and regulations, or that this certification is materially false or incorrect, appropriate corrective and disciplinary action, as authorized by law, will be taken by the New York State Department of Financial Services against the insurer or rate service organization and the officer completing this certification.

\_\_\_\_\_  
*Signature of Authorized Officer*

*Date:*

*Name of Authorized Officer:*

*Title of Officer:*

*Address of Insurer or Rate Service Organization:*

*City:*

*State:*

*Zip Code:*

*Direct Telephone Number:*

*Fax Number:*

*E-Mail Address:*

*Insurer File No.:* \_\_\_\_\_

*Insurer Program Name:* \_\_\_\_\_

You must furnish a company file number and/or program name

**This certification must be accompanied by (i) the filing (ii) the appropriate checklists, and (iii) a completed "Master List of Available Checklists" form.**