NEW YORK FLESCH CERTIFICATION

This is to certify that the forms listed below are in compliance with New York's Insurance Policy Readability Law.

A. Scoring Option *(select one)*

[ ] 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____ .

[ ] 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for each policy form are indicated below.

B. Scope of Test *(select one)*

[ ] 1. Test was applied to entire policy form(s).

[ ] 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification (A checked block indicates the standard has been achieved.)

[ ] 1. The text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

[ ] 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)

[ ] 3. Layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

[ ] 4. The section titles are captioned in bold face or otherwise stand out significantly from the text.

[ ] 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

[ ] 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

[ ] 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The undersigned officer of the insurer certifies that the forms in this filing meet the minimum reading ease score. Following are the individual Flesch Scores for each form submitted with this filing:

Form #	Words	Sentences	Syllables	Flesch Score

(Insert signature, name of officer, title of officer, and name of insurer)

SIgnature

Name of Officer

TItle

Name of Insurer