

INDUSTRIAL INSURED DISCLOSURE STATEMENT

Senate Bill 1145 requires the signature of the insured on a “Freestanding Disclosure Form” unless that insured qualifies as an “Industrial Insured”. Please include this form, completed and signed, or Freestanding Disclosure Form with submissions.

Agency Name: _____

Address: _____

Insured: _____

Address: _____

The above referenced insured meets California requirements of an Industrial Insured for the following reason (check one, or both):

_____ The insured has employed an average of 25 or more employees over the past year and pays \$25,000 annually in insurance premiums (not including workers compensation or health insurance).

_____ The insured obtains its insurance through a full time employee acting as insurance manager or a continuously retained insurance consultant (such consultant may not be an insurance producer or subproducer involved in the placement).

Signature of agency employee

*refer to California Insurance Code Section 1764.1(c)