Check one: ☐ **Initial Filing** ☐ **Updated or Supplemental Filing**

Statement of Intent and Certification for the use of State Product Components with IIPRC Approved Forms (Mix & Match)

Pursuant to §110 of the IIPRC Operating Procedure for the Filing and Approval of Product Filings

Insurer Name:

This Statement and Certification is part of **SERFF Tracking Number**:

Commission Product Component **Form Number(s)**:

The Insurer intends to use the State Product Components identified below with the Commission Product Component(s) shown above.

The undersigned, a duly authorized officer of the Insurer named above, hereby CERTIFIES that the combination of the Commission Component(s) with the State Component(s) as shown herein does not contain inconsistent, ambiguous, unfair, inequitable or misleading clauses, or exceptions or conditions that unreasonably affect the risk purported to be assumed.

Signature of Officer	Officer's Printed Name and Title	Date

Complete this information for all State Product Components for all Compacting States included in this filing.

State	State Product Component Form Number	State Product Filing SERFF Tracking # or File # if applicable	State Product Component Approval Date	State Product Component Document Name/Description

State	State Product Component Form Number	State Product Filing SERFF Tracking # or File # if applicable	State Product Component Approval Date	State Product Component Document Name/Description

IIPRC 08-01

Reset Form