

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 on the list of forms in the Statement of Intent Schedule with the Commission Product Component(s) shown above.

The undersigned, a duly authorize 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

Date

Officer's Printed Name and Title