

California Webinar Affidavit

(Required by the Dept. of Insurance in order to grant CE credits)

Provider: Palomar Specialty Insurance Company #6015668

Course Location: 2740 State Route 10 West, Suite 205

Morris Plains, NJ 07950-1258

I (Name) _____ certify that I participated in
and attended the following webinar course.

Course Name: _____

Course Approval #: _____

Course Date: _____

My Time In (am/pm): _____ My Time Out (am/pm): _____

Provide CA License Number: _____ or last four digits of SS# _____

I certify under penalty of perjury that these are my correct attendance times.

Signature of Producer (not electronic): _____

Print Name: _____ Date: _____

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