

GLOBAL CENTURY BROKER, INC

**CERTIFICATE BY ORGANIZATION  
PURSUANT TO INSURANCE REGULATIONS**

Fair Claims settlement practices regulations, in state Licensed apply.

I, \_\_\_\_\_  
(Authorized signator for organization)

Certify under penalty of perjury that I am a principal in the organization listed below,  
and that clear written instructions have been given to our claims agents regarding  
the procedures

To be followed to properly comply with the Fair Claims Settlement Practice  
Regulations in the state or states where licensed.

Dated: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Signed: \_\_\_\_\_

Organization insurance License: \_\_\_\_\_

**INSTRUCTIONS:**

Please fax or email completed forms to: fax: (925) 493-7526 Email: [info@ghins.com](mailto:info@ghins.com)  
If you have any questions on the Fair Claims Settlement Practices regulations in your  
state, please call us and we will be happy to assist you.