

California FAIR Plan Association
POLICY DESIGNEE REQUEST FORM

INSURED NAME AND MAILING ADDRESS

JEFFREY HEISLER
PO BOX 2787
CRESTLINE, CA 92325

POLICY NUMBER

CFP 2562494 04

Section 396 of the California Insurance Code, effective January 1, 2016, allows a policyholder the **option** to designate one person, IN ADDITION TO YOU, to receive notice of lapse, termination, expiration, nonrenewal, or cancellation of a policy for nonpayment of premium. If you choose to designate a person to receive these notices, this designated person would be notified at least 10 days prior to any of the aforementioned actions taking place. You will also be provided notice before your policy lapses, is terminated, expires, is nonrenewed or canceled for nonpayment of premium.

Should you wish to add a Policy Designee to your policy, please complete the form below.

PLEASE PRINT

Name of Policy Designee

Jeffrey R. Heisler
(other than the policyholder)

Address

23879 Inspiration RD

City

Crestline

State

CA

ZIP

92325

Signature of Policyholder

[Signature]

PLEASE RETURN THIS FORM TO

MAIL California FAIR Plan
Policy Designee
P.O. Box 76924
Los Angeles, CA 90076-0924

EMAIL (.pdf) cfpuw@cfpnet.com

FAX (213) 252-8084

California FAIR Plan Association
CALIFORNIA DEPARTMENT OF INSURANCE RACE, NATIONAL ORIGIN & GENDER FORM
COMMUNITY SERVICE STATEMENT

INSURED NAME AND MAILING ADDRESS

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This information is requested by the State of California in order to monitor the insurer's compliance with the law. All new policyholders are requested to voluntarily provide the following information.

No such information shall be used for purposes of underwriting or rating any policyholder.

POLICY TYPE

Personal Fire ☒ Commercial Fire _____ Commercial Multi-Peril (BOP) _____
Homeowners _____ Private Passenger Auto-Liability _____

Check the Race or National Origin as it applies to the policyholder(s). For the purpose of completing this form, the policyholder is defined as: an individual, spouse, domestic partner, or business partner(s) named on the policy.

	POLICYHOLDER				CO-POLICYHOLDER			
	Male	Female	Non-Binary	Business	Male	Female	Non-Binary	Business
African-American								
American Indian or Alaskan Native								
Asian/Pacific Islander								
Latino								
White	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Other								

● If policyholder does not wish to provide the Department of Insurance with this information, please check here. _____

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P.O. Box 76924
Los Angeles, CA 90076-0924

CA 1318 (7341755.7856391.8579675)

Insured Copy

CFP-DOI Compliance Form (Rev. 2019)