

PO BOX 4185 THOUSAND OAKS CA 91359-1185 PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS) WWW.CSISONLINE.COM

## Dear Prospective Insured:

Please provide a statement on your company letterhead, signed and dated, verifying that your company has not had any losses or claims during the last three years.

Your statement should be returned to our office with the rest of your forms for binding coverage.

Please do not hesitate to let me know if you have any questions. Thank you.