

**CERTIFICATION OF ELECTRONIC INSURANCE POLICY APPLICATIONS AND ENROLLMENT FORMS**

\_\_\_\_\_ (company name) \_\_\_\_\_, through the undersigned authorized representative, hereby certifies that:

- The below-referenced electronic insurance policy application/enrollment form is compliant with the act of December 16, 1999 (P.L. 971, No. 69), known as the Electronic Transactions Act (73 P.S. §§ 2260.101 *et seq.*).
- The electronic insurance policy application/enrollment form contains the same content as the associated paper application/enrollment form and there are no additional questions on the electronic form that do not appear on the approved paper form.

I, \_\_\_\_\_ (authorized representative's name) \_\_\_\_\_, hereby warrant that I have full, complete and final authority to certify the representations of the Company as set forth herein, and that the certifications and representations set forth in this certification Form are true, correct, and complete.

Electronic Application/Enrollment Form # \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Authorized Representative of the Company