

STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE
PLAN OF OPERATION VERIFICATION FORM
CDI-016 (Rev. 11/2015)

The following verification meets the requirements of California Code of Civil Procedure Section 2015.5 for execution of documents outside California. It also may be used for documents executed within California. When required, the verification should be placed at the end of the document.

Title of Document: _____

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VERIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to execute the same.

Date

Signature