

ADVERTISING CERTIFICATE OF COMPLIANCE

Ins 3.39, Wis. Adm. Code

I, _____ (name), an officer of _____
_____ (company name) hereby certify that I have authority to bind
and obligate the company by filing this (these) advertisement(s). I further certify that, to the best of my
information, knowledge, and belief:

(Note: If the advertisement is filed by an agent, then use the following paragraph as the first
paragraph:

I, _____, insurance agent, hereby certify that to the best of my information,
knowledge, and belief:

1. I have reviewed Wisconsin Statutes and administrative rules and the accompanying
advertisement(s) as identified by the attached listing comply(ies) with all applicable provisions
of the Wisconsin Statutes and with all applicable administrative rules of the Commissioner of
Insurance;
2. The advertisement(s) does(do) not contain any inconsistent, ambiguous, or misleading
language;
3. The attached advertisement(s) is(are) in final printed format or typed facsimile or
screenshot(s) of Web page(s) and is(are) as will be used in Wisconsin.

(signature)

(title)

(date)

Individual responsible for this filing:

Name: _____ Title: _____

Address: _____

Phone Number: _____ Date: _____

*Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which
it was originally collected (s. 15.04(1)(m), Wis. Stats.)*