



ATTESTATION OF ERRORS AND OMISSIONS INSURANCE

Pursuant to ORS 59.175(5); OAR 441-175-0185

This form may be used in conjunction with a policy declaration page or certificate of liability insurance to demonstrate compliance with ORS 59.175(5) under OAR 441-175-0185. This form may also be used to inform the division of a change in insurance.

All fields must be completed

New Amended

1. Name of applicant or licensee: _____
2. Licensee IA no. or CRD no.: _____
3. Name of insurer: _____
4. Policy number: _____ Policy amount: _____
6. Start date of policy: _____ End date of policy: _____

CERTIFICATION

I certify that I have made reasonable efforts to verify the accuracy and completeness of the information contained in this attestation and the applicable policy documents. I affirm that the errors and omissions coverage attested to has been in continuous effect throughout the policy period, covers persons affiliated with the investment advisor who perform investment advisory functions in Oregon, and that this attestation will be amended if there are any material changes to the coverage, including to the insurer.

I am duly authorized by the issuer to sign this certification.

Signature: _____

Printed name and title: _____

Date: _____

Send attestation and proof of insurance under OAR 441-175-0185 via email to

dfr.repreg@dcbs.oregon.gov

fax: 503-947-7862; or mail to

Division of Financial Regulation

P.O. Box 14480, Salem, OR 97309

