INTEGON NATIONAL INSURANCE COMPANY

Statement of Guardianship

Policy Number: _____

Named Insured: _____

Name of Parent/Guardian: _____

Relationship: _____

I certify that I am the legal guardian for the named insured. I agree and understand if I am not the legal guardian I will be treated for all purposes under this policy the named insured. I understand that I am legally responsible for the choices of coverage purchased in this policy.

By signing below, I state the above is true and correct.

Parent/Guardian:

Date: _____

_____

Parent/Guardian California Drivers License or ID