CERTIFICATE OF HAND-DELIVERY

CATASTROPHE CLAIMS PROCESS DISCLOSURE FORM-GUIDE

I hereby certify that on the	_ day of		I appeared at:
(Physical address):			_
			_
and personally hand-delivered	a true and complete		
Disclosure Form-Guide to:			
(Name of recipient):			
Delivery of this disclosure guide	e was made in connect	ion with the	following policy of insurance:
(Policy number):			_
(Policyholder):			_
(Printed name):	(S	signature):	
(Date signed):			