

CERTIFICATION OF READABILITY

INSURANCE DEPT. USE ONLY		
FILE I.D.	DATE	ANALYST
<input type="checkbox"/> APPROVED	DATE	INITIALS
<input type="checkbox"/> FILE & USE	DATE	INITIALS
<input type="checkbox"/> DISAPPROVED WITHDRAWN	DATE	INITIALS

STATE			
DATE SUBMITTED	PROPOSED EFFECTIVE DATE		
NAME AND ADDRESS OF FILER			
CONTACT PERSON		CONTACT TELEPHONE	

The Flesch Score(s) for the form(s) listed below is (are) as stated opposite each listed form. (Alternate approved methods, if any, are identified.)
Typeface styles and minimum type point sizes are identified and stated opposite each listed form.

FORM NO.	FORM TITLE /DESCRIPTION	LINE OF INS.	FLESCH SCORE	ALT. SCORE CALCULATION	TYPEFACE STYLE	MIN. TYPE POINT SIZE

The insurance company certifies that the above named forms filed by the company, or on its behalf, meet the minimum standards of readability required by the laws of this state.	
SIGNED	COMPANY
TITLE (COMPANY OFFICER)	DATE