



# CALIFORNIA INSURANCE SUPPLEMENT

## CALIFORNIA DEPARTMENT OF INSURANCE AGENCY LANGUAGE FORM

(Complete One Form For Each Agency Location Within California)

Name of Agency \_\_\_\_\_

Producer Code/Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code (5 digit) \_\_\_\_\_

California Insurance Department Regulation Section 2646.6(b)(5) requires the following information be collected and reported. Forward this form to the insurer(s) you represent. Identify the languages, other than English, spoken within the agency.

Language Spoken	Number of People within the Agency Speaking the Language
Spanish	
Chinese *	
Japanese	
Filipino *	
Korean	
Vietnamese *	
Other than English	

\* Not to be dialect specific