
DEPARTMENT OF INSURANCE
California's Low Cost Auto Insurance Program
300 South Spring Street
Los Angeles, CA 90013
(213) 346-6870



**CALIFORNIA'S
LOW COST
AUTO INSURANCE**



CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN

Administrators of the California Low Cost Automobile Insurance Program
P.O. Box 7917, 94120-7917 | 150 California Street, Suite 200 San Francisco, CA 94111
Phone (415) 765-6767 | California (800) 622-0954 | Countrywide (800) 227-4659
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Lisa Simone, Regional Manager | Lisa.Simone@aipso.com

Criteria required for participation as a Lead Accepting Producer:

1. Current license with the state of CA
2. CAARP Certification
3. Must be either an agency or a producer of record (not employee producer)
4. Producers must have current EASi password
5. Must provide current mailing address, e-mail address, telephone number and fax number on file

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Friday, March 27, 2015

Subject: California's Low Cost Auto Insurance Program

Dear Producer;

With California's economy struggling, many families face ongoing challenges with affording the things they need and even – as with car insurance – the things they are legally required to have. That means that California's Low Cost Auto Insurance (CLCA) Program – and the service you provide as a participating producer – is increasingly important.

I am writing to let you know about two exciting developments with the CLCA program:

- Assembly Bill 60 (Alejo 2013) allows Californians to be eligible to apply for a driver's license regardless of immigration status. With the signing of AB 60, California will welcome an estimated 1.4 million new drivers over the next three years who will seek affordable insurance options.
- Senate Bill 1273 (Lara 2014) has expanded the eligibility criteria to include drivers who have not been continually licensed for the past three years. This will make many newly licensed drivers, including the 1.4 million individuals who can now be licensed under AB 60, eligible for the program.

On January 1st 2015 the www.mylowcostauto.com website was updated to reflect these changes and other program updates as well, such as the updated 2015 rates.

We would like you to be one of our agents and ask that you sign, date, and return the attached form to indicate your willingness to participate. Please return the form by FAX to (916) 492-3613 or email to Durriya.Syed@insurance.ca.gov. This campaign will be promoted in a variety of advertising in targeted areas to maximize return on investment and engagement of consumers. For free marketing materials please visit our online [materials order form](#).

We encourage you to "like" our page at www.facebook.com/mylowcostauto or follow us on Twitter at @CALowCostAuto. Your engagement will help create awareness about this program and you will receive program updates as they develop.

If you have additional questions or concerns, please feel free to contact my staff. Thank you again for supporting the CLCA program.

Sincerely,

A handwritten signature in black ink that reads 'Barry E. Nelson'.

Barry E. Nelson, California Department of Insurance
California Low Cost Automobile Program Manager

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Producer Opt-In Form

1. I agree to have the contact information of consumers interested in California's Low Cost Auto Program referred to me directly.
2. I agree to attempt to make contract with the consumer within 24 hours of receiving the "lead".
3. As a condition of receiving these leads, I agree that it will be my first responsibility to contact them, determine their eligibility for California's Low Cost Auto Insurance Program, and assist them in purchasing this policy if appropriate, before offering other products.
4. I agree not to use the contract information obtained for purposes unrelated to California's Low Cost Auto Insurance Program
5. I am aware that in order to be a Lead Accepting Producer, I must be in compliance with CAARP rules and procedures as a CAARP certified producer.

Producer Signature Date

Producer Name (Print)

List (10) other zip codes you would like to serve:

Telephone number to which "leads" should be sent:

Email address to which "leads" should be sent:

Language Spoken:

Return to (916) 492-3613 (Fax) or email at Durriya.Syed@insurance.ca.gov