



## *SBIC Code of Business Ethics and Conduct Certification*

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I have received, read and understand the Code of Business Ethics and Conduct. As a director or officer of SBIC or as an employee or Manager of PSBA Insurance Trust, School Claims Service, LLC and School Boards Service, LLC who performs duties for or on behalf of SBIC, I certify that I understand and agree to abide by the underlying principles. I acknowledge that I can perform my duties in compliance with the Code and Insurance Services' policies. I acknowledge that it is my duty to report actual or suspected violations of the Code to my supervisor or other officials specified in the Code. Except as I have described below, I am not aware of any violation or suspected violation of the Code or Insurance Services' policies.

\_\_\_\_\_  
**Name (Printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please fold this Certification in half, staple it and return via interoffice mail to the attention of the President. If you do not have access to interoffice mail, please sign and return this certificate to the following address:

**SBIC  
Attention: President  
PO Box 2009  
Mechanicsburg, PA 17055-0790**