



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

AFFIDAVIT FOR NON-RESIDENT TITLE PRODUCER
(APPLICANT)

BEFORE ME, the undersigned authority, personally came and appeared (name of Non-Resident Title Producer Applicant), a producer licensed as a resident producer for the line of title in the state of (state of resident license) and (name of Employer Representative) as a representative of (name of Employer), an insurance agency producer licensed for the line of title in Louisiana, who, after being by me duly sworn and under penalty of perjury, did depose and say:

- 1) The employer is an agency producer licensed as a resident of Louisiana for the line of title with Louisiana producer license number.
2) Upon licensure, the employer will properly affiliate the individual with Agency Producer pursuant to La. R.S. 22:1546 B.
3) The individual has filed an application for a non-resident producer license for the line of title in Louisiana and has a National Producer Number (NPN) of.
4) Check One:
___ Upon licensure, the Non-Resident Title Producer Applicant will be a full-time employee of the employer but not a Designated Individual Producer.
___ Upon licensure, the Non-Resident Title Producer Applicant will be a full-time employee of the employer and a Designated Individual Producer. The Non-Resident Title Producer Applicant has never had an insurance producer license suspended, revoked, or denied by any jurisdiction.

Signature of Employer Representative
Printed Name of Employer Representative
Signature of Non-Resident Title Producer
Printed Name of Non-Resident Title Producer

SWORN TO and subscribed before me this day of, 20.

Notary Public or Bar Roll Number
Signature of Notary Public
My Commission Expires
Printed Name of Notary Public