



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

AFFIDAVIT OF AGENCY PRODUCER APPLICANT

BEFORE ME, the undersigned authority, personally came and appeared _____
(name of Designated Individual Producer), as the Designated Individual Producer responsible for
_____ (name of Agency Producer Applicant), a business entity that
has filed an application for an insurance producer license for the line of title in Louisiana, who, after being by me duly
sworn and under penalty of perjury, did depose and say:

- 1) Upon licensure, the Agency Producer Applicant will have a principal place of business in Louisiana located at

(physical address of principal place of business in Louisiana.)
- 2) The Agency Producer Applicant has never had its insurance producer license suspended, revoked or denied by
any jurisdiction,
- 3) The Designated Individual Producer has never had his/her insurance producer license suspended, revoked, or
denied by any jurisdiction

Signature of Designated Individual Producer

Printed Name of Designated Individual 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

AFFIDAVIT OF AGENCY PRODUCER APPLICANT