

## LOUISIANA DEPARTMENT OF INSURANCE

## JAMES J. DONELON **COMMISSIONER**

## **AFFIDAVIT OF NON-RESIDENT TITLE PRODUCER** (CURRENT LICENSE HOLDER)

BEFORE ME, the undersigned authority,	personally came and appeared
(name of Non-Resident Title Producer), a prod	lucer licensed for the line of title in Louisiana and a resident of
(resident state) and	,(name of Employer
Representative) as a representative of	(name of Employer), an
insurance agency producer licensed for the line of t	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 licens	sed as a resident of Louisiana for the line of title with Louisiana
producer license number	<del> </del>
2) The Employer has properly affiliated the No	on-Resident Title Producer pursuant to La. R.S. 22:1546 B.
3) The Non-Resident Title Producer is a producer	ducer licensed as a non-resident of Louisiana for the line of title,
Louisiana producer license number	·
4) Check One:	
The Non-Resident Title Produce Individual Producer.	er is a full-time employee of the employer but not a Designated
The Non-Resident Title Produce	er is a full-time employee of the employer and a Designated
Individual Producer. The Non	n-Resident Title Producer has never had an insurance producer
license suspended, revoked, o	or denied by any jurisdiction.
	Signature of Employer Representative
	orginatale 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
	i illited Name of Notally Fublic