



LOUISIANA APPLICATION FORM FOR MILITARY DISCOUNT

READ THIS LOUISIANA APPLICATION FORM FOR MILITARY DISCOUNT ("FORM") CAREFULLY BEFORE SIGNING

- You must complete all sections on this Form and provide the required verifying documentation identified below.
- If you have questions concerning this Form or its contents, contact the Louisiana Department of Insurance, Office of Property and Casualty at (225) 342-5203.
- After completing and signing this Form, submit it and the required verifying documentation to your insurance company or agent.

NAME OF INSURANCE COMPANY

POLICY or APPLICATION NUMBER

FULL NAME OF MILITARY PERSONNEL

PHONE NUMBER

HOME ADDRESS

1. By signing and submitting this Form, you certify that:

- You are a member of the United States Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, or National Guard and are based in Louisiana.
 - *Required Verifying Documentation:* Attach a copy of your military orders.
- You are a military reservist for the United States Army, Navy, Air Force, Marine Corps, or Coast Guard and are based in Louisiana.
 - *Required Verifying Documentation:* Attach a copy of your military orders.

-OR-

- You are a member of the Louisiana Army National Guard or Louisiana Air National Guard.
 - *Required Verifying Documentation:* Attach a letter from your commander on official unit letterhead, verifying that you are a member of the Louisiana Army or Air National Guard.

2. By signing and submitting this Form, you certify that the information contained herein is true and correct and that you will promptly notify your insurer if there are any changes to the information provided on this Form or in your verifying documentation. Additionally, you acknowledge that any false, fraudulent, or misleading statement made on this Form or in the verifying documentation may subject you to civil and/or criminal penalties, including those identified in La. R.S. 22:1924, Title 14 of the Louisiana Criminal Code, or pursuant to any other applicable state or federal statutory provision.

Signature of Applicant

Date