

LOUISIANA DEPARTMENT OF INSURANCE

LA. R.S. 22:438 FORM

ACKNOWLEDGEMENT OF APPLICANT FOR PERSONAL LINES AND  
HEALTH AND ACCIDENT INSURANCE COVERAGE IN THE SURPLUS LINES MARKET

I am applying for personal lines or health and accident insurance coverage in the surplus lines market. By placing my initials on the four (4) statements below, and dating and signing this form, I hereby acknowledge the following in accordance with La. R.S. 22:438, to wit:

\_\_\_\_\_ The insurance may be placed with an approved unauthorized insurer or  
Initial eligible unauthorized insurer.

\_\_\_\_\_ In the event of insolvency of the insurer, losses shall not be paid by the  
Initial Louisiana Insurance Guaranty Association or the Louisiana Life and Health  
Insurance Guaranty Association.

\_\_\_\_\_ I expressly authorize the procurement of surplus lines coverage.  
Initial

\_\_\_\_\_ Any surplus lines coverage shall be procured through a duly licensed surplus  
Initial lines broker.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

Name of Insurance Producer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This form shall be maintained by the surplus lines broker.

NOTICE:  
The language and format of this Form shall not be altered.

Revised: December 27, 2018