

**APPLICATION ORGANIZATION CONFLICT OF INTEREST
STATEMENT AND DISCLOSURE**

I, _____, on behalf of _____,
affirm that I have received a copy of the Conflict of Interest Policy for Navigators and
Application Organizations (“Policy”), I have read and understand the Policy, and agree to
comply with the Policy.

Signature of Authorized Person

Name of Application Organization

Title

Date Signed

I, _____, on behalf of _____,
disclose the following potential and/or actual Conflict(s) of Interest in compliance with the
Policy:

Signature of Authorized Person

Name of Application Organization

Title

Date Signed

Submit form by mail, email, or fax to:

Indiana Department of Insurance
c/o Navigator Director
311 West Washington Street
Indianapolis, Indiana 46204
Email: navigator@idoi.in.gov
Fax: 317-234-5882