STATE OF INDIANA)
)
COUNTY OF _____)

BEFORE THE INDIANA

COMMISSIONER OF INSURANCE

AFFIDAVIT TO WAIVE AUDIT

Comes now, _____, after being duly sworn and states as follows:

1. My name is _____, and I am over eighteen years of age, and am competent to testify to the matters contained herein. I reside at _____ , in _____ _____, Indiana, and have personal knowledge of the facts contained herein.

2. I have operated as a Bail Agent in the State of Indiana since _____, _____.

3. I have not written and bonds in this state since _____, _____thru the present date.

4. All premiums collected by agents working for me have been paid to me and I have forwarded those monies to _____ through its duly authorized agent.
(Surety Company)

5. The above statements are true and correct to the best of my personal knowledge and belief.

_____
Date Signed

_____
Signature

Affiant _____
(PRINT)

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me the undersigned, a Notary Public for _____ County, State of Indiana, personally appeared _____, he being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this _____day of _____ 20 ____.

_____

Notary Public

_____
Printed

County of Residence: _____

My Commission Expires: _____

Received from _____

Date _____

Received by _____