

AFFIDAVIT OF PREMIUMS OWED TO INSURER OR AGENCY

This affidavit is made for use by the Indiana Department of Insurance regarding premiums due a former insurer or agency to which the appointee reported on behalf of a former insurer according to IC 27-10-3-11.

You must submit this affidavit to the Department of Insurance within sixty (60) days after your appointment with an insurer. You must provide a copy of this affidavit by CERTIFIED MAIL to all former insurers or agents you reported to in the six (6) years preceding your current appointment.

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I _____ of _____, Indiana, being an adult over the age of eighteen, do hereby affirm by my signature, under the penalties for perjury, that the following information is a true and accurate statement of the facts.

1. I do ___ do not ___ owe premiums to a former insurer or any agency.
2. The amount of premium owed \$ _____
3. Insurer/Agent/Agency _____
4. There is ___ is not ___ a dispute concerning the premium.

Date Signed

Signature of Affiant

Print Name

STATE OF INDIANA)
)
COUNTY OF _____)

Before me the undersigned, a Notary Public for _____ County, State of Indiana, personally appeared _____, being first duly sworn by me upon his/her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____ 20____.

My Commission Expires: _____

County of Residence: _____

Notary Public Signature

Printed

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