

**INDIANA NAVIGATOR CONFLICT OF INTEREST
STATEMENT AND DISCLOSURE**

I, _____, 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 Navigator

Date

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

Signature of Navigator

Date

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