



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services – Bureau of Licensing
 200 East Gaines Street Larsen Building Room 419
 Tallahassee, FL 32399-0319

This affidavit is to be used when you have an agent, adjuster or other insurance representative who has been actively engaged in transacting insurance without an appointment. **DO NOT SEND AN APPOINTMENT FORM WITH THIS AFFIDAVIT.** The Department will be in contact with you upon completion of its review of the information you provide. Please return to: Florida Department of Financial Services, Bureau of Agent and Agency Licensing, 200 East Gaines Street, Larson Building, Tallahassee, FL 32399-0319. Phone: 850-413-3137.

AFFIDAVIT OF INSURANCE ACTIVITY WHILE NOT PROPERLY APPOINTED

Pursuant to Section 626.371, Florida Statutes, I certify that the following statement as set forth below is true to the best of my knowledge.

1. I, _____, whose License ID# is _____ has been actively engaged in the transacting of insurance on our company's behalf:

Name of Insurance Company	
Company Code Number	
Mailing Address	
City	
State	
Zip Code	-

Without being properly appointed for (period of time) _____

2. They should have been appointed effective ____/____/____ for the type and class (ex.: Life & Health; General Lines; etc.) _____
3. This individual has been transacting insurance business with our company since ____/____/____
4. Reason for failure to appoint licensee as required by Section 626.112, Florida Statutes.

"Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true."

Name	
Telephone Number	() -
Title	

 Signature of the Company Official