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

AFFIDAVIT OF INSURANCE FOR NON-RESIDENT PUBLIC AND INDEPENDENT ADJUSTERS

Pursuant to Section 626.8732, or Section 626.8734, Florida Statutes, I am currently licensed as a:

☐ Nonresident Public Adjuster ☐ Nonresident Independent Adjuster

I _____, certify that pursuant to 626.8732, or Section 626.8734, Florida Statutes, I am familiar with and understand the insurance code and administrative rules of Florida and the provisions of contracts for which I attempt to or determine the amount of loss or damage payable or undertake to effect settlement of such loss, claim or damages.

I further certify that I understand I must file this affidavit certifying the above annually on or before January 1.

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

		/ /
Type Licensee's Name	License Number	Date

_____
Signature of Licensee

Signature of Notary Public	(City)	(State)

☐ Personally Known **OR** ☐ Produced Identification

Sworn to and subscribed before me this _____ day of _____, 20_____

My commission expires this _____ day of _____, 20_____ __

_____

SEAL

Mail to:
STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
BUREAU OF AGENT AND AGENCY LICENSING
P.O. Box 6000
TALLAHASSEE, FLORIDA 32399-0319
Phone: 850-413-3137

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