



**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 ACTIVITY WHILE NOT PROPERLY APPOINTED**  
*DO NOT SEND AN APPOINTMENT FORM WITH THIS AFFIDAVIT*

This affidavit is to be used when an appointing entity has an agent, adjuster or other insurance representative who has been actively engaged in transacting insurance or adjusting claims without an appointment. The Department will be in contact with the appointing entity upon completion of its review of the information provided. Please mail this form to the address listed above or email to AgentLicensing@MyFloridaCFO.com.

**Note: A licensee is responsible for maintaining their required Continuing Education (CE) hours for all CE cycles associated with their license and should ensure their CE hours are current for all their CE cycles. If a license has expired due to lack of an appointment, the licensee is required to submit new fingerprints per subsection 626.171(4), F.S., before this affidavit can be processed. Fingerprint information can be found at: [www.MyFloridaCfo.com/Division/Agents/Licensure/Agents-Adjusters/fingerprinting.htm](http://www.MyFloridaCfo.com/Division/Agents/Licensure/Agents-Adjusters/fingerprinting.htm)**

Enter the pertinent information below:

- The individual, \_\_\_\_\_, whose license ID# is \_\_\_\_\_, has been actively engaged in the transacting of insurance on behalf of:

<b>Name of Appointing Entity</b>	
<b>Appointing Entity Number</b>	
<b>Email Address</b>	
<b>Mailing Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	

- This individual has been transacting insurance business without an appointment since \_\_\_\_\_ for the following type and class (ex: Life & Variable Annuity, 2-14; or, General Lines, 2-20; etc.):

- State the reason for failure to appoint licensee as required by Section 626.112, Florida Statutes:

**Appointing Entity Official Information:**

<b>Name</b>	
<b>Title</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	

Under penalty of perjury, pursuant to section 626.112, F.S., I declare that the above statements and entered information are true to the best of my knowledge.

\_\_\_\_\_  
 Print Name of the Appointing Entity Official

\_\_\_\_\_  
 Signature of the Appointing Entity Official