

LOUISIANA DEPARTMENT OF INSURANCE

LA. R.S. 22:438 FORM

ACKNOWLEDGEMENT OF APPLICANT FOR PERSONAL LINES AND
HEALTH AND ACCIDENT INSURANCE COVERAGE IN THE SURPLUS LINES MARKET

I am applying for personal lines or health and accident insurance coverage in the surplus lines market. By placing my initials on the four (4) statements below, and dating and signing this form, I hereby acknowledge the following in accordance with La. R.S. 22:438, to wit:

_____ The insurance may be placed with an approved unauthorized insurer or
Initial eligible unauthorized insurer.

_____ In the event of insolvency of the insurer, losses shall not be paid by the
Initial Louisiana Insurance Guaranty Association or the Louisiana Life and Health
Insurance Guaranty Association.

_____ I expressly authorize the procurement of surplus lines coverage.
Initial

_____ Any surplus lines coverage shall be procured through a duly licensed surplus
Initial lines broker.

Signature of Applicant

Printed Name of Applicant

Date

Name of Insurance Producer: _____

Address: _____

City: _____ State: _____ Zip: _____

This form shall be maintained by the surplus lines broker.

NOTICE:
The language and format of this Form shall not be altered.

Revised: December 27, 2018