

LOUISIANA DEPARTMENT OF INSURANCE
FORM 438
ACKNOWLEDGEMENT OF APPLICANT FOR PERSONAL LINES
INSURANCE COVERAGE IN THE SURPLUS LINES MARKET

I am applying for personal lines 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 a surplus lines insurer.
initial

_____ In the event of insolvency of the insurer, losses shall not be paid by the
initial Louisiana Insurance Guaranty Association.

_____ I expressly authorize the procurement of surplus lines insurance coverage.
initial

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

Signature of Applicant

Printed Name of Applicant

Date

Name of Property & Casualty 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.

Issued: July 15, 2015