



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

Annual nonresident public insurance adjuster affidavit

I, _____, being a licensed nonresident public insurance adjuster,
NAME OF LICENSED NONRESIDENT PUBLIC INSURANCE ADJUSTER

do hereby, in compliance with *Texas Insurance Code* § 4102.114(d), certify that I have knowledge of:

- 1) *Texas Insurance Code Chapter 541* (UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS OR PRACTICES);
- 2) *Texas Insurance Code Chapter 547* (FALSE ADVERTISING BY UNAUTHORIZED INSURERS);
- 3) *Texas Insurance Code Chapter 542, Subchapter A* (UNFAIR CLAIM SETTLEMENT PRACTICES PROHIBITED);
- 4) *Texas Insurance Code Chapter 542, Subchapter B* (PROMPT PAYMENT OF CLAIMS);
- 5) *Texas Business & Commerce Code Chapter 17, Subchapter E* (DECEPTIVE TRADE PRACTICES – CONSUMER PROTECTION ACT);
- 6) *Texas Government Code Chapter 81, Subchapter G* (UNAUTHORIZED PRACTICE OF LAW);
- 7) the rules adopted under the laws mentioned above; and
- 8) the terms and conditions of the types of insurance contracts that provide coverage on real and personal property in the State of Texas.

SIGNATURE OF LICENSEE

LICENSE NUMBER

FULL LEGAL NAME OF LICENSEE (PLEASE PRINT OR TYPE)

EMAIL ADDRESS OF LICENSEE

The State of _____,

County of _____,

Before me _____, on this day personally appeared
PRINTED NAME OF NOTARY PUBLIC

_____, known to me or proved to me on the oath of
PRINTED FULL LEGAL NAME OF APPLICANT

_____, or through _____
PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he or she executed the same for the purposes and consideration therein expressed.

(NOTARY SEAL)

Given under my hand and seal of office this
____ day of, _____ 20 ____.

NOTARY PUBLIC SIGNATURE