



LOUISIANA DEPARTMENT OF INSURANCE  
JAMES J. DONELON  
COMMISSIONER

**NOTICE OF CONTRACT BETWEEN  
THIRD PARTY ADMINISTRATOR AND INSURER**

<b>Third Party Administrator Information (Type or Print)</b>		
ADMINISTRATOR NAME : _____		
TRADE NAME: _____		
FEIN NO.: _____		DOMICILE: _____
<b>Insurer Information (Type or Print)</b>		
INSURER NAME: _____		
NAIC NO.: _____		
FEIN NO.: _____		DOMICILE: _____
CONTACT PERSON: _____		
CONTACT TITLE: _____		PHONE: _____
<b>Under the terms of the contract between the above named entities, the administrator will be responsible for the following:</b>		
<input type="checkbox"/> Solicitation of Coverage	<input type="checkbox"/> Underwriting	<input type="checkbox"/> Collection of Premium
<input type="checkbox"/> Claims Adjustments	<input type="checkbox"/> Claims Payments	<input type="checkbox"/> General Management Services
<input type="checkbox"/> Distribution of Advertising Material	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<b>The physical address where the books and records under this contract will be maintained.</b>		
_____ _____ _____		
Effective Date of Contract: _____		

\_\_\_\_\_  
Signature of Authorized Representative of Administrator

\_\_\_\_\_  
Printed Name of Authorized Representative of Administrator

\_\_\_\_\_  
Title of Authorized Representative of Administrator