



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

AFFIDAVIT OF PARTICIPATION IN BAIL BOND APPRENTICESHIP PROGRAM

BEFORE ME, the undersigned authority, personally came and appeared _____(supervising producer), an insurance producer holding Louisiana producer license number _____as an insurance producer licensed for the line of bail bonds by the Louisiana Department of Insurance and _____(apprentice), an individual seeking licensure as an insurance producer for the line of bail bonds, who, after being by me duly sworn and under penalty of perjury did depose and say:

- 1) The apprentice has complied with all requirements for the Bail Bond Apprentice Program as set forth in La. R.S. 22:1574, including the completion of eight (8) hours of instruction on underwriting, laws and ethics.

Name of entity conducting the instruction _____ Date instruction was completed _____

- 2) The apprentice has been employed for three consecutive months in the bail bond business of the supervising producer. The initial date of that employment was _____.
3) During that employment period the apprentice has worked not less than twenty-four (24) hours per week.
4) During that employment the apprentice has observed the supervising producer perform every phase of the bail bond business and has performed every phase of the bail bond business with the exception of the solicitation, negotiation, quotation of fees and execution of a bail bond.
5) The apprentice does attest that he/she is not a sexual offender or serial sexual offender as defined in R.S. 15:536
6) The supervising producer does attest that he has and shall maintain records to support that the apprentice has worked the required number of hours for the number of consecutive months and that said records do include time sheets, pay stubs and other such evidence. The supervising producer does further attest that such records are available for the inspection of the Commissioner of Insurance or his designee at the following municipal address;

Street Address City State ZIP

Signature of Witness Signature of Supervising Producer

Printed Name of Witness Printed Name of Supervising Producer

Signature of Witness Signature of Apprentice

Printed Name of Witness Printed Name and Social Security Number of Apprentice

SWORN TO and subscribed before me this _____ day of _____, 20____.

Bar Role or Notary Number of Notary Public Signature of Notary Public

My Commission Expires _____ Printed Name of Notary Public