



**LOUISIANA AUTO SUPPLEMENT
ACTIVE MILITARY PERSONNEL AFFIDAVIT**

AGENCY		NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

AFFIDAVIT

The State of Louisiana

Parish of: _____

BEFORE ME, the undersigned authority, on this day personally appeared:

_____ ,

who after being duly sworn, deposed and stated under oath the following:

I, the undersigned affiant, have previously established eligibility for the insurance premium discount program for active military personnel stationed in Louisiana.
This eligibility was based on:

1. Proof of status as full-time active duty (copy of military ID or orders);
2. Proof of stationing in Louisiana, even if deployed elsewhere;
3. Proof of dependency, if a spouse or dependent; and
4. Proof of vehicle ownership (copy of title or registration).

By signing below, I attest that I continue to meet the aforementioned eligibility requirements.

Signed this

_____ day of _____ , _____ .
DAY MONTH YEAR

SIGNATURE OF AFFIANT

SUBSCRIBED and SWORN TO before me, the undersigned authority on this the

_____ day of _____ , _____ .
DAY MONTH YEAR

SIGNATURE OF NOTARY

PRINT NAME

ADDRESS