

Figure: 28 TAC §7.209(p)

SIGNATURE

Pursuant to the requirements of Insurance Code Chapter 823,
_____ has caused this application to

Name of Applicant

be signed on its behalf in the City of _____ and State of _____,
on _____, 20__ .

(Name of Applicant)

(Seal)

By: _____

(Name)(Title)

Attest:

(Signature of Officer)

(Title)

CERTIFICATION

THE STATE OF _____
COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared
_____ known to me to be the

_____ of _____,
(Title) (Name of Applicant)

who, after being placed on his or her oath, stated that he or she has read the preceding application and that the answers, exhibits and
attachments forming it are true and correct as to any factual statements contained.

(Signature)

Sworn to and subscribed before me on _____, 20__ , to certify which witness my
hand and seal of office.

Notary Public in and for

(Seal)

_____, County, _____