



**Texas Department of Insurance**

**Licensing Division** Mail Code 107-1A  
P.O.Box 149104, Austin, Texas 78714-9104  
512-322-3503 www.tdi.state.tx.us

**Annual Nonresident Public Insurance Adjuster Affidavit**

---

I, \_\_\_\_\_,  
being a licensed nonresident public insurance adjuster, do hereby, in compliance with *Texas Insurance Code*  
Article 21.07-5 §15(d), certify that I have knowledge of:

- 1) *Texas Insurance Code* Article 21.21 of this code;
- 2) the Unauthorized Insurers False Advertising Process Act (*Texas Insurance Code* Article 21.21-1);
- 3) *Texas Insurance Code* Article 21.21-2;
- 4) *Texas Insurance Code* Article 21.55;
- 5) the Deceptive Trade Practices-Consumer Protection Act (*Texas Business & Commerce Code* Subchapter E, Chapter 17);
- 6) statutory provisions related to the unauthorized practice of law contained in *Government Code* Subchapter G, Chapter 81;
- 7) the rules adopted under those laws; 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)

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Notary Public in and for \_\_\_\_\_

County, State of \_\_\_\_\_