

MUST RETURN TO HAAG EDUCATION WITHIN 10 DAYS OF COMPLETING THE COURSE TO
RECEIVE CONTINUING EDUCATION CREDIT

**INDIANA DEPARTMENT OF INSURANCE
AFFIDAVIT OF PERSONAL RESPONSIBILITY**

Instructions to Course Provider: This Affidavit does not replace Certificate of Completion. The original Affidavit is to be returned to you with finished examination and must be retained in your files for four (4) years.

I affirm, under penalties of perjury, that I personally completed the entire text of the self-study course listed below. I also affirm, under penalties of perjury, that I completed the exam without assistance from any source. I understand that this is a **closed book examination** and I may not refer to the study material for answers. I also understand that it is my responsibility to file or maintain my Certificate of Completion as required by the Indiana Department of Insurance.

Adjuster's Signature

Date

Adjuster's License Number

AFFIDAVIT OF EXAM COMPLETION

I hereby certify, under penalty of perjury, that I am a duly licensed agent in the State of Indiana or I am an employee of _____ and that I administered the **closed book final examination** for the course listed below and that it was completed without assistance or outside help of any kind, including the study material.

Name of Student _____

Name of Course: _____

Name of Course Provider: Haag Education, Co. _____

Location Exam Was Taken _____

Date Exam Was Taken _____

Printed Name of Exam Witness

Signature of Exam Witness

License Number of Witness

Business Phone Number of Witness

Witness' Business Mailing Address: _____

IDOI: CE 9/2019

Mailing Address:
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Fax: (Attn Education) 214-614-6501