

LOUISIANA DEPARTMENT OF INSURANCE  
FORM 438  
ACKNOWLEDGEMENT OF APPLICANT FOR PERSONAL LINES  
INSURANCE COVERAGE IN THE SURPLUS LINES MARKET

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I am applying for personal lines insurance coverage in the surplus lines market. By placing my initials on the four (4) statements below, and dating and signing this form, I hereby acknowledge the following in accordance with La. R.S. 22:438, to wit:

\_\_\_\_\_ The insurance may be placed with an approved unauthorized insurer or  
initial eligible unauthorized insurer.

\_\_\_\_\_ In the event of insolvency of the insurer, losses shall not be paid by the  
initial Louisiana Insurance Guaranty Association.

\_\_\_\_\_ I expressly authorize the procurement of surplus lines insurance coverage.  
initial

\_\_\_\_\_ Any surplus lines coverage shall be procured through a duly licensed  
initial surplus lines broker.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

Name of Property & Casualty Producer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This form shall be maintained by the surplus lines broker.

NOTICE:  
The language and format of this Form shall not be altered.

Issued: July 1, 2013