AFFIDAVIT

STATE OF WISCONSIN}
} SS
_____ County}

_____, being first duly sworn, on oath deposes and says
(Agent)

that he/she is the agent of the_____, insurer
(Company name)

on the attached certificate issued to _____.
(Legal entity of Insured)

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or any other thing of value on account of the sale of furnishing of said insurance certificate.

_____
(Signature of above Agent)

Subscribed and sworn to before me

this _____day of _____,20_____.

_____
Notary Public-State of Wisconsin

My Commission expires_____

Notary Seal Must Be Affixed.

Please note the following requirements:

1) The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
2) The full name of the Insurance Company must be listed and match exactly the Insurance Company's name from the insurance certificate.
3) The date the notary signed and dated the affidavit must be the same as the date of the insurance certificate.
4) The Notary must sign, date and stamp the form.
5) The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)