

**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 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.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's License Number

**AFFIDAVIT OF EXAM COMPLETION**

I hereby certify under penalty of perjury, that I am a duly licensed insurance agent in the State of Indiana 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 \_\_\_\_\_

Location Exam Was Taken \_\_\_\_\_

Date Exam Was Taken \_\_\_\_\_ Student ID# \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Exam Witness

\_\_\_\_\_  
Signature of Exam. Witness

\_\_\_\_\_  
License Number of Witness

\_\_\_\_\_  
Business Phone Number of Witness

Witness' Business Mailing Address., \_\_\_\_\_