

Sample Notarized Certification Informational Form Filings Only

INSURERS LETTERHEAD

I, (name), as (title) of (insurer name), do hereby certify that this form filing has been thoroughly and diligently reviewed by me and by all appropriate company personnel, as well as company consultants, if applicable, and certify that each form contained within the filing is in compliance with all applicable Florida laws and rules. Should a form be found not to be in compliance with Florida laws and rules, I acknowledge that the Office of Insurance Regulation shall disapprove the form.

By: _____

Print or Type Name

Corporate Seal

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2022, by

_____ as _____

(Name of person)

(type of authority.... e.g. officer, trustee

attorney in fact)

for _____.

(company name)

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

My Commission Expires _____