



**Florida Office of Insurance Regulation**

**DISCLAIMER OF CONTROL AFFIDAVIT - INDIVIDUAL**

I, \_\_\_\_\_, the undersigned Affiant, do not and will not exercise or attempt to exercise any influence or control, either directly or indirectly, over the business operations, affairs, or activities of the Applicant, \_\_\_\_\_, or any entity owned or controlled by the Applicant and licensed by the Florida Office of Insurance Regulation ("Office"), without the advance written consent of the Office.

I understand that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

It is with this understanding, that I, the undersigned Affiant, do hereby swear and affirm, under oath and penalty of perjury, that all the above statements are true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print full name)

\_\_\_\_\_  
(Date)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by  
\_\_\_\_\_  
(name of affiant)

\_\_\_\_\_  
(Signature of the Notary)

(Notary Stamp)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires \_\_\_\_\_