

STATE OF MISSISSIPPI

AFFIDAVIT OF PERSONAL RESPONSIBILITY

I affirm that I personally completed all of the study material for the course. I also confirm that I completed the exam without assistance from any course material, other source material, or from any persons. It is my responsibility to maintain my certificate of completion as required by the Mississippi Insurance Department.

Signature of Student (You can sign this form by typing in		License Number
Printed Name of Student:		
Date	Daytime Phone Number	Email Address

AFFIDAVIT OF EXAM COMPLETION

To be completed and signed by Exam Monitor
(Please Print)

I certify that I verified the identification of the student. In addition, I personally observed the final examination and certify that it was complete without assistance or outside help.

Name of Student	Name of Course
Physical Address where exam was taken	
12/6/2023	
Date of Examination	Beginning Time Ending Time

Type of Monitor: Disinterested Third Party

A Disinterested 3rd Party is a licensed insurance producer, independent adjuster, public adjuster, or a person with no family or financial relationship to the student.

Print Name of the Monitor	Job title of the Monitor
Name of Monitor's Employer	Business Phone Number
Business Mailing Address	
Signature of Monitor (You can sign this form by typing in your name)	Date