

Office of the  
Commissioner



Delaware  
Department of Insurance

## AFFIDAVIT OF LOST LICENSE

I, \_\_\_\_\_, in my capacity as \_\_\_\_\_  
(Name) (Title)

of \_\_\_\_\_ hereby certify that I am the keeper of the corporate  
(Company Name)

records for \_\_\_\_\_ and that a diligent search has been made for License No.  
(Company Name)

\_\_\_\_\_ issued by the Delaware Department of Insurance.  
(License #)

This said License issued in \_\_\_\_\_ cannot be located and is considered lost, misplaced or destroyed.  
(Date of Licensure)

In the event that the original License is ever located it will be immediately returned to the Delaware Department of Insurance.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Personally appeared before me the above named \_\_\_\_\_, personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein, are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

(SEAL) My commission expires: