

# STATE OF MISSISSIPPI

## AFFIDAVIT OF PERSONAL RESPONSIBILITY

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
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 of any kind.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Course

\_\_\_\_\_  
Physical Address where exam was taken

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Beginning Time

\_\_\_\_\_  
Ending Time

### **Type of Monitor: Disinterested Third Party**

A Disinterested 3<sup>rd</sup> Party is defined as a licensed insurance producer, independent adjuster or 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

\_\_\_\_\_  
Date