CERTIFICATES OF CHARACTER

Five persons must vouch in their own handwriting for the character of an applicant for an independent adjuster's license under Section 2108 of the Insurance Law; they must be citizens of at least eighteen (18) years of age, of good character and standing in the community where they reside, and must have known applicant personally for at least five (5) years. They should be well acquainted with the experience, ability, and character of the applicant, as they may be required to give further information. Each affidavit must be executed the same date or after the date of execution of the application to which it is to be attached. Original signatures are required.

	AFFID	AVIT		
This is to certify that I reside	at			
,,,	Street and Number	City, Town or Village	State	Zip Code
and transact business from_				
	Street and Number	City, Town or Village	State	Zip Code
l have known	f Applicant	applicant, for yea (at least five (5) ye	rs; that I hav	e read the
Name o	f Applicant	(at least five (5) ye	ars)	
statements made therein to I that I am not related to the a	be true and that said applicat pplicant by blood or marriage	ee executed by said applicant ant is honest, of good character, e. s made in the foregoing affidav	and compet	ent; and
subscribe thereto.				
Telephone Number	_	Email Address		
Date		Signa	ature	
	AFFIDA	AVIT		
This is to certify that I reside	at			
The second second	Street and Number	City, Town or Village	State	Zip Code
and transact business from				
7	Street and Number	City, Town or Village	State	Zip Code
I have known		applicant, for yea	ırs: that I hav	e read the
	f Applicant	(at least five (5) year		
statements made therein to I that I am not related to the a	pe true and that said applicar oplicant by blood or marriage	e executed by said applicant and is honest, of good character, e. s made in the foregoing affidavi	and compete	ent; and
Telephone Number	_	Email Add	ress	
Date		Signa	iture	

AFFIDAVIT

This is to certify that I reside a	at				
	Street and Number	City, Town or Village	State	Zip Code	
and transact business from					
	Street and Number	City, Town or Village	State	Zip Code	
I have known_		, applicant, foryears	s; that I ha	ve read the	
Name of	Applicant	(at least five (5) year			
	e true and that said applic	nse executed by said applicant and ant is honest, of good character, a ge.			
Under the penalties of perjury subscribe thereto.	, I affirm that the statemer	nts made in the foregoing affidavit	are true ar	nd hereby	
Telephone Number	=	Email Addre	Email Address		
Date	-	Signat	Signature		
This is to certify that I reside a		DAVIT			
,	Street and Number	City, Town or Village	State	Zip Code	
and transact business from_					
	Street and Number	City, Town or Village	State	Zip Code	
l have known Name of	Applicant	, applicant, for years (at least five (5) years	s; that I ha [,] ars)	ve read the	
	e true and that said applic	nse executed by said applicant and ant is honest, of good character, a ge.			
Under the penalties of perjury subscribe thereto.	, I affirm that the statemer	nts made in the foregoing affidavit	are true an	d hereby	
Telephone Number	_	Email Addre	Email Address		
Date	_	Signat	Signature		

AFFIDAVIT

I his is to certify that I reside	e at			
·	Street and Number	City, Town or Village	State	Zip Code
and transact business from				
	Street and Number	City, Town or Village	State	Zip Code
I have known		_, applicant, for yea	rs; that I ha	ve read the
Name of Applicant		(at least five (5) year	rs)	
	ry, I affirm that the stateme	nts made in the foregoing affidavi	t are true ar	d hereby
subscribe thereto.				
Telephone Number		Email Address		
Date		Signa	ture	