



LOUISIANA APPLICATION FOR MILITARY DISCOUNT

- Questions about this form may be addressed to the Louisiana Department of Insurance, Office of Property and Casualty at (225) 342-5203.
- After completing this form, submit it to your insurance agent or insurance company with the required verification documentation listed below.

NAME OF INSURANCE COMPANY

POLICY or APPLICATION NUMBER

NAME OF SERVICEMEMBER

PHONE NUMBER

HOME ADDRESS

1. The undersigned hereby certifies that he/she is:

An Active Duty Military servicemember in a duty status in accordance with 10 USC §101(d)(2) and stationed in Louisiana

- *Required Verification Documentation:* Attach your orders assigning you to a duty station in Louisiana.

- OR -

A member of the Louisiana Army National Guard or Louisiana Air National Guard

- *Required Verification Documentation:* Attach a letter from your commander on official unit letterhead verifying you are a member of the Louisiana Army National Guard or Louisiana Air National Guard.

2. The undersigned certifies the information provided above is true and correct and that he/she will promptly notify his/her automobile insurer of any change in the above information. The undersigned acknowledges that any false, fraudulent or misleading statement may subject him/her to civil and criminal penalties, including those penalties set forth in La. R.S. 22:1924, and any applicable provisions of Title 14, the Louisiana Criminal Code.

Signature of Servicemember

Date