



**Florida Office of Insurance Regulation**

**DISCLAIMER OF CONTROL - INDIVIDUAL**

I, \_\_\_\_\_, the undersigned, do not and will not exercise or attempt to exercise any influence or control, either directly or indirectly, over the business operations, affairs, or activities of \_\_\_\_\_ ("company"), or any entity owned or controlled by the company and licensed by the Florida Office of Insurance Regulation ("Office"), without the advance written consent of the Office.

I understand that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_