



**INSURANCE CONTINUING EDUCATION  
AFFIDAVIT OF PERSONAL RESPONSIBILITY**

To be completed and signed by all students.

I hereby affirm that I personally completed the entire text of the course and completed the exam without assistance from any outside source.

Course Name: \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date \_\_\_\_\_ License # \_\_\_\_\_

**AFFIDAVIT OF EXAM PROCTOR**

To be completed and signed by the exam proctor when required by the state and for all fraternal agents.

(This section must be completed by a disinterested third party, monitor, or proctor. Please review your individual state requirements to determine whether you qualify as a disinterested third party, monitor, or proctor. Arkansas, Indiana, and Missouri require a state-specific affidavit. These forms are inside the exam packet or may be obtained by calling 1-800-428-4217, option 5.)

I hereby certify that I satisfy the requirements of a disinterested third party, monitor, or proctor for the state where this examinee seeks insurance continuing education credit. I certify that I have verified the identity of the student by checking photo ID, opened the sealed exam envelope myself, and administered the final examination. I further certify that the exam was completed without the textbook, notes, or assistance of any kind and affirm that I will personally put the return envelope in the mail to Kaplan Financial.

Name \_\_\_\_\_ Job title \_\_\_\_\_  
Relationship to examinee \_\_\_\_\_  
Company/Agency name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP Code \_\_\_\_\_  
Phone number \_\_\_\_\_ License # \_\_\_\_\_ (AZ & IA only)  
Proctor registration/approval # \_\_\_\_\_ (OR and SC only)  
NY approval # \_\_\_\_\_ (include copy of NY monitor approval document)  
Address where exam was taken \_\_\_\_\_  
Date exam was taken \_\_\_\_\_ Beginning time \_\_\_\_\_ Ending time \_\_\_\_\_

Signature of disinterested third party, monitor or proctor \_\_\_\_\_ Date \_\_\_\_\_

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Proctor Type: \_\_\_ Disinterested Third Party \_\_\_ State Approved \_\_\_ Licensed Agent  
\_\_\_ Supervisor/Manager \_\_\_ Other: \_\_\_\_\_