

**AFFIDAVIT**  
**Texas Commercial Lines Statistical Plan (TCLSP)**

State of \_\_\_\_\_

County of \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared

\_\_\_\_\_, \_\_\_\_\_  
 (Officer's Name) (Officer's Title)

of the \_\_\_\_\_  
 (Company Group Name)

of \_\_\_\_\_  
 (Home Office, City and State)

who, being duly sworn, states that upon oath that all of the information submitted in this Texas Commercial Lines Statistical Plan is complete, correct and true to the best of his or her knowledge and belief.

\_\_\_\_\_  
 Officer's Signature

\_\_\_\_\_  
 Officer's Title

Suscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

(Notary Seal) \_\_\_\_\_  
 Notary Public, State of \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 \_\_\_\_\_  
 Printed Name

My commission expires: \_\_\_\_\_

A. This affidavit is for the following company(ies): (List all companies for which data is being submitted

B. This affidavit is for the following modules: (Check all that apply:

- Quarterly Liability Experience Report
- Quarterly Property Experience Report
- Quarterly Businessowners Experience Report
- Quarterly Commercial Automobile Experience Report
- Quarterly Miscellaneous Commercial Experience Report
- Quarterly Miscellaneous Personal Experience Report
- Quarterly Fidelity & Surety Experience Report
- Annual Mortgage Guaranty Experience Report

Mail: Affidavit and data  To: Insurance Service Office, Inc. Two Blue Hill Plaza P.O. Box 1750 Pearl River, NY 10965-8750
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