



# 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

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