PROFESSIONAL LIABILITY COVERAGE AFFIRMATION

Please select **only one** of the following statements that best describes your liability coverage:

**CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:**

☐ I hereby certify that I have professional liability coverage in an amount not less than $10,000 per claim, with a minimum annual aggregate of not less than $30,000.

☐ I hereby certify that I have an irrevocable letter of credit, established pursuant to Chapter 675, in an amount not less than $10,000 per claim, with a minimum aggregate availability of credit no less than $30,000.

☐ I hereby certify that I have obtained a surety bond in an amount not less than $10,000 per claim, with a minimum annual aggregate of not less than $30,000.

**EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:**

☐ I practice exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.

☐ I practice only in conjunction with my teaching duties at an accredited acupuncture school.

☐ I do not practice in the State of Florida.

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action or criminal penalties as provided in Section 456.067, 456.072, 755.082 and/or 755.084, Florida Statutes.

____________________________________  ________________________________
Signature (required)     Date