



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**REC/ZSU**

FOR DIVISION USE ONLY

Real Estate Commission  
550 West 7th Avenue  
Anchorage, AK 99501  
Phone: (907) 269-8160  
Email: [RealEstateCommission@Alaska.Gov](mailto:RealEstateCommission@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

## Affidavit of E & O Insurance Equivalent Coverage

You must complete this form and return it to the Real Estate Commission if you are claiming an exception under 12 AAC 02.530(1) Standards of Equivalent Coverage.

NOTE: A broker employing other real estate licensees is NOT required to complete this affidavit.

<b>Name:</b>		<b>License #:</b>	
<b>Address:</b>			
<b>Phone Number:</b>		<b>Email:</b>	

Per 12 AAC 02.530, I certify that I have an E & O insurance policy with a deductible of MORE THAN \$5,000 or self-insured retention and have attached or submitted a certificate of insurance from my insurance provider.

Alaska Statute 11.56.210 states that any person who knowingly furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.

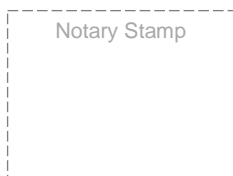
Per 12 AAC 64.160, making false or fraudulent representation or material misstatement on an application for license, renewal or examination is grounds for revocation, suspension or denial of a license.

I, the licensee, certify the information, in this affidavit, to be true and correct to the best of my knowledge. I understand that any false or misleading information may result in failure to obtain, or subsequent suspension of my license.

**Signature:** \_\_\_\_\_

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

**Notarization:**



Notary Public for State of:

Subscribed and Sworn to  
Before me on this Day:

Notary's Signature:

My Commission Expires: