



**Blue Cross and Blue Shield
of New Mexico**

AFFIDAVIT

Please note: If the Producer's name does not appear as the insured on the Errors and Omissions declaration page of the policy, please complete this affidavit. Attach a photocopy of the declaration page of the Errors and Omissions insurance policy, which indicates the limits of liability and the expiration date of the policy.

I, _____, of the _____ Agency

hereby certify that I am covered under the *errors and omissions policy* through

_____ in an amount not less than five hundred thousand dollars (\$500,000).

Signature of Producer

Date

SUBSCRIBED AND SWORN TO BEFORE ME BY _____

ON THIS _____ DAY OF _____, 20__

STATE OF _____

COUNTY OF _____

Signature of Notary Public

Date

My Commission Expires: _____

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association.