



LOUISIANA DEPARTMENT OF INSURANCE
TIMOTHY J. TEMPLE
COMMISSIONER

**BULLETIN 2023-04
(REVISED AND REISSUED)**

TO: AUTHORIZED PROPERTY AND CASUALTY INSURANCE COMPANIES

FROM: TIMOTHY J. TEMPLE, COMMISSIONER OF INSURANCE

RE: MILITARY PERSONNEL – AUTOMOBILE LIABILITY INSURANCE PREMIUM DISCOUNT

DATE: OCTOBER 25, 2024

Bulletin 2023-04, originally issued August 7, 2023, is being revised and reissued to notify all authorized property and casualty insurers who write private passenger automobile insurance of the substantive amendments to [La. R.S. 22:1482\(A\)](#), [\(B\)](#), and [\(C\)\(1\)](#) relative to premium discounts on automobile insurance for qualifying military personnel. In accordance with [Act 173 of the 2024 Regular Legislative Session](#), every insurer authorized to conduct business in this state must provide all active duty military, military reservist, Louisiana Air National Guard, and Louisiana Army National Guard personnel based in this state a discount of twenty-five percent of the premium on any automobile liability insurance policy purchased in Louisiana for a motor vehicle owned by such military personnel.

Insurers are not required to, but may voluntarily, provide a premium discount to veterans with a VA disability rating of 50% or more or to retired members of any branch of the United States Armed Forces, National Guard, Louisiana Army National Guard, or Louisiana Air National Guard. Insurers who provide the discount authorized by [La. R.S. 22:1482](#) shall be entitled to a credit to be applied against the premium taxes imposed under [La. R.S. 22:831](#) and [838](#).

To obtain the premium discount authorized by [La. R.S. 22:1482](#), active duty military, military reservists, Louisiana Air National Guard, and Louisiana Army National Guard personnel must complete, sign, and submit the enclosed "Louisiana Application Form for Military Discount," along with the required verifying documentation, to their agent or insurance company. You can access the "Louisiana Application Form for Military Discount" on the Louisiana Department of Insurance's website, at <https://www.lidi.la.gov/military-discount-form>.

If there are any questions or concerns regarding Bulletin 2023-04 (Revised and Reissued), please contact the Deputy Commissioner for the Office of Property and Casualty at 225-342-5203, or electronically at public@ldi.la.gov.

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Baton Rouge, Louisiana this 25th day of October 2024.

A handwritten signature in blue ink, appearing to read "Tim Temple", is written over a horizontal line.

TIMOTHY J. TEMPLE
COMMISSIONER OF INSURANCE



LOUISIANA APPLICATION FORM FOR MILITARY DISCOUNT

READ THIS LOUISIANA APPLICATION FORM FOR MILITARY DISCOUNT ("FORM") CAREFULLY BEFORE SIGNING

- You must complete all sections on this Form and provide the required verifying documentation identified below.
- If you have questions concerning this Form or its contents, contact the Louisiana Department of Insurance, Office of Property and Casualty at (225) 342-5203.
- After completing and signing this Form, submit it and the required verifying documentation to your insurance company or agent.

NAME OF INSURANCE COMPANY

POLICY or APPLICATION NUMBER

FULL NAME OF MILITARY PERSONNEL

PHONE NUMBER

HOME ADDRESS

1. By signing and submitting this Form, you certify that:

- You are a member of the United States Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, or National Guard and are based in Louisiana.
 - *Required Verifying Documentation:* Attach a copy of your military orders.
- You are a military reservist for the United States Army, Navy, Air Force, Marine Corps, or Coast Guard and are based in Louisiana.
 - *Required Verifying Documentation:* Attach a copy of your military orders.

-OR-

- You are a member of the Louisiana Army National Guard or Louisiana Air National Guard.
 - *Required Verifying Documentation:* Attach a letter from your commander on official unit letterhead, verifying that you are a member of the Louisiana Army or Air National Guard.

2. By signing and submitting this Form, you certify that the information contained herein is true and correct and that you will promptly notify your insurer if there are any changes to the information provided on this Form or in your verifying documentation. Additionally, you acknowledge that any false, fraudulent, or misleading statement made on this Form or in the verifying documentation may subject you to civil and/or criminal penalties, including those identified in La. R.S. 22:1924, Title 14 of the Louisiana Criminal Code, or pursuant to any other applicable state or federal statutory provision.

Signature of Applicant

Date