

To: Insurance Commissioner

State of _____ (State insured is located in)

Insured Name: _____

Coverage Provided: _____

I _____ of _____
(Producer/Agent) (Agency Name)

hereby certify that I have made diligent effort to place this insurance with companies admitted to write business in the state of _____ for this class. I am unable to place the full amount or kind of insurance with companies admitted to transact and who are actually writing the particular kind and class of insurance in this state. I am therefore placing this insurance in the **SURPLUS LINES MARKET**.

The Insured was expressly advised prior to placement of this insurance in the **SURPLUS LINES** market that:

- A. The Surplus Lines insurer with whom the insurance was placed is not licensed in this state and is not subject to its supervision.
- B. In the event of the insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.

Signature of Producing Agent: _____

Date: _____

Carrier Declinations

Carrier

Reason

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____