

THE SURPLUS LINE ASSOCIATION OF IDAHO, INC.

SUBMISSION FORM 101

STAMPING OFFICE

595 South 14th Street, Boise, Idaho 83702
208.336.2901 / 866.805.4978 (Fx) 208.336.2901 www.idahosurplusline.org

SUBMIT THIS FORM IN TRIPLICATE

The following statement of insurance written or proposed to be written with non-admitted insurers is hereby submitted to the Surplus Line Association of Idaho for approval as a risk qualified under Idaho Surplus Line Code and the Rules of the Department of Insurance. **One copy of the Certificate, Binder or Cover Note and any other supporting documents are hereby attached to this Submission Form which is executed in triplicate.**

Certificate/Policy No. _____ Date Policy Recvd by SL Broker _____

1. Name: Resident Idaho SL Broker _____

2. Name: Non-Res Idaho SL Broker _____ Non Res Idaho Lic # _____

3. Name: Producing Agent _____ If Non Resident: Idaho Lic # _____

4. Insurers (Include percentages of ea to equal 100%) _____

5. Insured Name & Address (Location of Risk must be Idaho Address) _____

6. Open Lines for Export - Risk Code _____

See DOI Rule 18.01.18 IF RISK IS NOT ON APPROVED LIST, ENTER DETAILED DESCRIPTION OF RISK ABOVE AND EXECUTE AFFIDAVIT BELOW

7. Effective Policy Date is _____ for the term of _____ year(s)

8. Premium of \$ _____ (include policy fees, inspection fees, etc) and Idaho PremiumTax of \$ _____ and
Stamping Fee of \$ _____ has been collected from the insured.

*Policy Eff Date 12/31/2006 or before: Prem Tax = 2.75% Stamping Fee = .5% (.005)
Policy Eff Date 01/01/2007 or later: Prem Tax = 1.50% Stamping Fee = .25% (.0025)
Endorsements / Audits subject to tax & fee based on eff date of ORIGINATING policy*

SL Broker's Signature _____

AFFIDAVIT of DILIGENT SEARCH

To the Department of Insurance: I have been unable to secure insurance (indicate class of risk) _____ for the above insured from at least three companies Admitted to transact this class of insurance business in the State of Idaho and therefore have secured the protection through a Non-Admitted company(s) in accordance with Chapter 12 Title 41, Idaho Insurance Code and related Rules, and the By-laws and Rules of the Surplus Line Association of Idaho. The conditions for export as outlined in Code section 41-1214 and Rule 18.01.18 have been met. The insured has been informed that this contract is issued pursuant to the Idaho Insurance Laws by an insurer not licensed by the Idaho Department of Insurance nor covered by the Guaranty Fund. The Endorsement of Contract is imprinted on the insured's policy in Red Ink with at least 10 pt Bold type and bears the name of procuring S/L Broker.

SL Broker's Signature _____

or

Producer's Signature _____

NOTARY SEAL ON ALL 3 COPIES

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission expires _____

Notary Public _____