

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

Name of Officer or Producer that Declined the Risk

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

AFFIDAVIT BY INSURED

I (We) _____ of

(street) (city or town) (state) (zip code)

state that on _____, 2____, I(we) directed _____, a licensed Rhode Island insurance producer, to obtain insurance against the risk(s) as described below. He(she) informed me(us) that the required insurance could not be obtained from insurers licensed to transact business in the State of Rhode Island. He(she) informed me(us) that he(she) made a diligent effort to procure the insurance from licensed insurers, but was(were) unable to do so. I(we) therefore directed (my)our insurance producer to obtain said insurance from such approved Surplus Lines Insurers through the office of _____ a licensed Rhode Island Surplus Line Broker.

NOTICE

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

Insured

Risk(s) Insured: _____

Line of Business: _____

Amount of Insurance: _____

Name of Approved Surplus Lines Insurer(s): _____

Policy Number, Term and Expiration Date: _____

Premium: _____

Surplus Lines Broker License Number: _____