

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. _____