

Surplus Lines Affidavit (Form SL-8)**State of Connecticut
Insurance Department (Rev. 09/2012)**

1. Name and Address of Surplus Lines Broker		
2. Producing Agent (not agency)		2a. CT License No.
3. Agency Represented		3a. CT License No.
4. Name and Location on Risk		
5a. Surplus Lines Insurer(s) and NAIC No.		
5b. Surplus Lines Insurer(s) and NAIC No.		
5c. Associated Representative		
6. Kind of Insurance	6a. Limits	6b. Risk Description
7. Type of Policy _____ New Business or _____ Renewal		7b. Reason for Placement
8. Premium	8a. _____ Term Premium _____ Installment _____ Subject to Audit	8b. Policy Period
9. Does the undersigned broker have on file evidence of declination by three licensed insurers and ineligibility for any residual market mechanism per 38a-741 C.S.G? ___ Yes ___ No ___ Exportable List		

AFFIDAVIT BY INSURED

I/We, the named insured, state that on _____, I/We directed the licensed producing agent named on this Surplus Lines Affidavit to obtain insurance coverage described herein; that I/We were informed by said producing agent that he/she made a diligent effort to place this risk with licensed insurers authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class as the risk described herein; and that said companies accepted only part of or no part of the required insurance.

I/We, were further informed by said producing agent that the amount of insurance indicated herein could be obtained from certain insurers not licensed to transact business in the State of Connecticut. I/We therefore directed the producing agent named herein to obtain said insurance through the office of the licensed Surplus Lines Broker named herein. I/We have been advised by the producing agent named herein that such insurance represents only the excess over the amounts procurable from licensed insurers or the Connecticut residual market. I/We have been advised that, in addition to commissions, I/We will be charged a service fee as set out in 9a and 9b below.

9a. Broker Service Fee	9b. Producer Service Fee
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Signature of Insured

State of _____

County of _____ SS _____ 20____

Personally appeared before me (insured) _____ and made oath that the above affidavit signed by him/her is true to the best of his/her knowledge and belief.

Notary Public**AFFIDAVIT BY SURPLUS LINES BROKER**

I, as a licensed Surplus Lines Broker, authorized to transact insurance with the surplus lines insurer(s) named on this Surplus Lines Affidavit, being duly sworn, depose and declare under the penalties provided for false affidavit that the diligent effort has been made to procure said insurance coverage from licensed insurers which are authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class described herein. This insurance has been procured with the surplus lines insurer(s) named on this Surplus Lines Affidavit, which insurance is only the excess over amounts procurable from licensed insurers.

Signature of Surplus Lines Broker

State of _____

County of _____ SS _____ 20____

Personally appeared before me (broker) _____ and made oath that the above affidavit signed by him/her is true to the best of his/her knowledge and belief.

Notary Public

CONNECTICUT AFFIDAVIT BY PRODUCER

On _____, 2____, as a licensed Surplus Lines Producer, I

_____ was engaged by the insured named:

_____, to obtain insurance against the risk(s) described as: _____. I was unable to obtain the required insurance with insurers licensed to transact business in the State of Rhode Island. A diligent effort has been made on behalf of the insured to procure the insurance from insurers licensed to insure these risks in the State of Rhode Island. The following insurers, licensed to write the type of insurance which is the subject of this affidavit within the State of Rhode Island, have declined the coverage referenced above (please note that the name of the officer of the insurer or the producer that declined risk must be identified):

Insurer Reason for Declination & Name of Officer or Producer who Declined Risk

1. _____

2. _____

3. _____

I hereby certify that the foregoing is true and correct.

Surplus Line Producer

Date