

# PART C – AFFIDAVIT BY PRODUCING BROKER

AFFIDAVIT NO. \_\_\_\_\_

## 1. PRODUCING BROKER INFORMATION

Name		License No. BR-	
Address	City	State	Zip Code

## 2. RISK INFORMATION:

Name of the Insured \_\_\_\_\_

(The name of the insured must be precisely the same in this affidavit and the declarations page, binder, cover note or confirmation of coverage.)

## 3. DISCLOSURE INFORMATION

Yes  No  Did you personally advise the insured, that after a diligent effort to place the required insurance with companies authorized in New York to write coverage of the kind requested, all or a portion of the required insurance would be written by companies NOT authorized in New York.

## 4. DECLINATION INFORMATION

(a) Yes  No  Has the Superintendent determined that declinations are not required for this type of risk? IF ANSWER TO QUESTION (a) IS "YES", SKIP QUESTIONS (b) AND (c) GO ON TO THE AFFIRMATION SECTION.

(b) Yes  No  Was the risk described above submitted by the producing broker to companies: (1) each authorized in New York to write coverages of the kind requested; (2) which the licensee has reason to believe might consider writing the type of coverage or class of insurance involved; and, (3) was such risk declined by each such company?

(c) If the answer to (b) above is "Yes", COMPLETE THE FOLLOWING SCHEDULE:

### AUTHORIZED COMPANIES DECLINING THE RISK

1. Name of company \_\_\_\_\_ Date of Declin.: \_\_\_\_\_  
NAIC Code \_\_\_\_\_

The insurer declined to underwrite the risk because:

- Insurer presently lacks adequate capacity to write this risk.
- Specific underwriting reason.
- Other (Specify) \_\_\_\_\_

Affiliation of Representative:  Company Employee  Agent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Name of Representative Declining Risk

I believed this insurer would consider underwriting this risk because:

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. \_\_\_\_\_

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AFFIDAVIT NO. \_\_\_\_\_

## AUTHORIZED COMPANIES DECLINING THE RISK

2. Name of Company \_\_\_\_\_ Date Declin.: \_\_\_\_\_  
NAIC Code \_\_\_\_\_

The insurer declined to underwrite the risk because:

1.  Insurer presently lacks adequate capacity to write this risk.
2.  Specific underwriting reason.
3.  Other (Specify) \_\_\_\_\_

Affiliation of Representative:  Company Employee  Agent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Name of Representative Declining Risk

I believed this insurer would consider underwriting this risk because:

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. \_\_\_\_\_

3. Name of Company \_\_\_\_\_ Date Declin.: \_\_\_\_\_  
NAIC Code \_\_\_\_\_

The insurer declined to underwrite the risk because:

1.  Insurer presently lacks adequate capacity to write this risk.
2.  Specific underwriting reason.
3.  Other (Specify) \_\_\_\_\_

Affiliation of Representative:  Company Employee  Agent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Name of Representative Declining Risk

I believed this insurer would consider underwriting this risk because:

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. \_\_\_\_\_

## AFFIRMATION

I, \_\_\_\_\_, am the licensee or sublicensee of the named broker  
in Section 1 of this affirmation and I hereby affirm under penalties of perjury that all of the  
information contained herein is true to the best of my knowledge and belief.

Signature of Affiant \_\_\_\_\_ Date \_\_\_\_\_



**NOTICE OF EXCESS LINE PLACEMENT**

Date:



Consistent with the requirements of New York Insurance Law and Regulation 41 \_\_\_\_\_ is hereby advised that after a diligent effort to place the required insurance with companies authorized in New York to write coverages of the kind requested, all or a portion of the required coverages have been placed by \_\_\_\_\_ with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Insurance pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State Insolvency Fund.

**TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)**

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges<sup>(1)</sup> and a service fee that includes taxes, stamping fees, and (if indicated) a fee<sup>(1)</sup> for compensation in addition to commissions received, and other expenses<sup>(1)</sup>.

I further understand and agree that all fees, inspection charges and other expenses denoted by<sup>(1)</sup> are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

Re: Policy No.

Insurer

Policy Premium	\$
<u>Insurer Imposed Charges:</u>	
Policy Fees <sup>(1)</sup>	\$
Inspection Fees <sup>(1)</sup>	\$
Total Taxable Charges	\$ _____
<u>Service Fee Charges:</u>	
Excess Line Tax (3.60%)	\$
Stamping Fee	\$
Broker Fee <sup>(1)</sup>	\$
Inspection Fee <sup>(1)</sup>	\$
Other Expenses (specify) <sup>(1)</sup> _____	\$ _____
Total Policy Cost	\$ _____

\_\_\_\_\_  
(Signature of Insured)

<sup>(1)</sup> = Fully earned