

**STATE OF NEW HAMPSHIRE AFFIDAVIT BY BROKER AND  
INSURED FORM**

**AFFIDAVIT BY BROKER**

I **David T. Florian** swear under penalty of perjury as follows. I am a Surplus Line Broker licensed to write business in the state of N.H. with an office at: **246 Park Street, West Springfield, Massachusetts, 01090**

The following information is true and correct and made in conjunction with my responsibilities as a licensed Surplus Line Broker.

On \_\_\_\_\_, 2\_\_\_\_\_, as a licensed Surplus Lines Broker, I was engaged by the insured named herein, either directly or by a licensed New Hampshire producer to obtain insurance against the risk(s) described below. Said insured or his(her) producer was unable to obtain the required insurance with insurers licensed to transact business in the State of New Hampshire. 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 New Hampshire. The following insurers, licensed to write the type of insurance which is the subject of this affidavit within the State of New Hampshire, have declined the coverage referenced above (please note the name of the officer of the insured or the producer that declined risk must be identified):

Insurer	Name of Officer or Producer that Declined Risk
1.	_____
2.	_____
3.	_____

As a licensed Surplus Line Broker, I have obtained the insurance from certain approved surplus lines insurer(s) as indicated at the bottom of the second page of this form.

I hereby certify under the penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Surplus Line Broker

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
Notary Public

**AFFIDAVIT BY INSURED**

I(We) \_\_\_\_\_  
of \_\_\_\_\_  
(street) (city or town) (state) (zip code)  
swear under penalty of perjury as follows. On \_\_\_\_\_, 2\_\_\_\_, I (We)  
directed \_\_\_\_\_, a licensed New  
Hampshire 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 New Hampshire. 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 Insurance Center Special Risks, Ltd. A licensed New  
Hampshire Surplus Line Broker.

**NOTICE**

The company issuing this policy has not been licensed by the state of New  
Hampshire and the rates charged have not been approved by the commissioner of  
insurance. If the company issuing this policy becomes insolvent, the New  
Hampshire Insurance Guaranty fund shall not be liable for any claims made against  
the policy.

I hereby certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Insured Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
Notary Public

**Risk(s) Insured:** \_\_\_\_\_

**Type of Insurance:** \_\_\_\_\_

**Amount of Insurance:** \_\_\_\_\_

**Name and Address of Approved Surplus Lines Insurer(s)** \_\_\_\_\_

**Policy Number, Term & Expiration Date:** \_\_\_\_\_

**Premium:** \_\_\_\_\_

**Surplus Lines Broker License Number:** \_\_\_\_\_