

PART A – AFFIDAVIT BY EXCESS LINE BROKER

1. EXCESS LINE BROKER INFORMATION

AFFIDAVIT NO.

<input type="text"/>	License No. Ex -	<input type="text"/>
Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Zip Code

* IF THE INSURED IN THIS TRANSACTION WAS REPRESENTED BY A PRODUCING BROKER, THEN A PART C AFFIDAVIT BY THE PRODUCING BROKER MUST BE ATTACHED.

2. RISK INFORMATION: THE EXCESS LINE BROKER MUST COMPLETE THIS SECTION!

<input type="text"/>	Location of Risk (if different from insured mailing address)
Name of the Insured	<input type="text"/>
<input type="text"/>	Address
Address	<input type="text"/>
<input type="text"/>	<input type="text"/>
City	City
<input type="text"/>	<input type="text"/>
State	State
<input type="text"/>	<input type="text"/>
Zip Code	Zip Code

<input type="text"/>	<input type="text"/>
Type of Coverage	Type of Coverage Code *
	*(Use ELANY Statistical Code, Add suffix "PG" if this Insurance was placed pursuant to Regulation 134)

<input type="text"/>	<input type="text"/>
Description of Insured Business	Insured Business Description Code

(a) Yes No Was this insurance placed pursuant to Regulation 134 governing transactions with risk purchasing groups authorized by the Federal Liability Risk Retention Act of 1986?

(b) If the answer to (a) above is "Yes", indicate
Name of Purchasing Group

Address City State Zip Code

(c) Yes No Did you personally provide a written Notice of Excess Line Placement (Form: NELP/2011) to the insured as required by Section 2118 of the New York Insurance Law and Regulation 41?

(d) Yes No Does the insured risk have exposures inside and outside New York?
If the answer to (d) is "YES", and the policy inception date is on or before July 20, 2011 NYSID FORM EL-3, tax allocation report must be completed and attached.

3. 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 SECTION 4.

(b) Yes No Does the insured qualify as an "Exempt Commercial Purchaser" that made a written request consistent with the requirements of New York Insurance Law Section 2118(b)(3)(F)?
IF ANSWER TO QUESTION (b) IS "YES", SKIP QUESTION (c) GO ON TO SECTION 4.

(c) Yes No Was the risk described above submitted by the excess line 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? IF ANSWER TO QUESTION (c) IS "YES", COMPLETE THE FOLLOWING SCHEDULE.

PART A – AFFIDAVIT BY EXCESS LINE BROKER

AFFIDAVIT NO. _____

AUTHORIZED COMPANIES DECLINING THE RISK

1. Name of company Date of 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. _____

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. _____

PART A – AFFIDAVIT BY EXCESS LINE BROKER

AFFIDAVIT NO. _____

4. PLACEMENT INFORMATION: UNAUTHORIZED COMPANIES PROVIDING COVERAGE

POLICY LIMITS OF PRINCIPAL INSURANCE COVERAGE	
INCEPTION DATE OF POLICY	
TERM IN MONTHS	

NAME OF COMPANY	CODE	PERCENT OF TOTAL ACCEPTED	TOTAL EXCESS LINE PREMIUM**

** For policies incepting on and before July 20, 2011, report only the New York portion of the premium if the risk has exposures both inside and outside New York. For policies incepting on and after July 21, 2011 the total excess line premium is the gross written premium.

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:

- 1) The "insured's home state" as defined in New York Insurance Law Section 2101 (x)(3) is New York State.
- 2) all of the information contained herein is true to the best of my knowledge and belief,
- 3) an affirmation by the producing broker is submitted herewith if a producing broker also represented the insured in placing the risk described herein,
- 4) a copy of the notice of excess line placement was mailed to the insured and a copy is submitted herewith, and
- 5) every policy or contract of insurance covering the risk described herein was procured by me from the unauthorized Insurers identified herein in full compliance with all applicable provisions of the New York Insurance Law and Title 11 of the New York Code of Rules and Regulations.

Signature _____ 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⁽¹⁾ and a service fee that includes taxes, stamping fees, and (if indicated) a fee⁽¹⁾ for compensation in addition to commissions received, and other expenses⁽¹⁾.

I further understand and agree that all fees, inspection charges and other expenses denoted by⁽¹⁾ 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 ⁽¹⁾	\$
Inspection Fees ⁽¹⁾	\$ _____
Total Taxable Charges	\$
<u>Service Fee Charges:</u>	
Excess Line Tax (3.60%)	\$
Stamping Fee	\$
Broker Fee ⁽¹⁾	\$
Inspection Fee ⁽¹⁾	\$
Other Expenses (specify) ⁽¹⁾ _____	\$ _____
Total Policy Cost	\$ _____

(Signature of Insured)

⁽¹⁾ = Fully earned

PART C – AFFIDAVIT BY PRODUCING BROKER

1. PRODUCING BROKER INFORMATION

AFFIDAVIT NO.

<input type="text"/>	License No. BR-	<input type="text"/>
Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
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 provide a written Notice of Excess Line Placement (Form: NELP/2011) to the insured as required by Section 2118 of the New York Insurance Law and Regulation 41?

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 Does the insured qualify as an "Exempt Commercial Purchaser" that made a written request consistent with the requirements of New York Insurance Law Section 2118(b)(3)(F)? IF ANSWER TO QUESTION (b) IS "YES", SKIP QUESTION (c) GO ON TO THE AFFIRMATION SECTION.
- (c) 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?
If the answer to QUESTION (c) 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.

PART C – AFFIDAVIT BY PRODUCING BROKER

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 _____