



Department of Business Regulation
1511 Pontiac Avenue
Cranston, RI 02920

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

AFFIDAVIT BY BROKER

I _____ swear
under penalty of perjury as follows. I am a Surplus Line Broker licensed pursuant to R.I.
Gen. Laws §§ 27-3-1 *et seq.* with an office at:

(street) (city or town) (state) (zip code)

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 Rhode Island
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 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 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 penalty of perjury that the foregoing is true and correct.

Surplus Line Broker

AFFIDAVIT BY INSURED

I (We) _____ of _____

(street) (city or town) (state) (zip code)

State on _____, 2____, I(we) directed _____, a

licensed Rhode Island 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 Rhode Island. 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 _____ a licensed Rhode Island Surplus Line Broker.

NOTICE

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

Insured Signature

Risk(s) Insured: _____

Line of Business: _____

Amount of Insurance: _____

Name of Approved Surplus Lines Insurer(s): _____

Policy Number, Term and Expiration Date: _____

Premium: _____

Surplus Lines Broker License Number: _____