

**SURPLUS LINES AFFIDAVIT**

|   |  |  |
|---|--|--|
| 1. Name and Address of Surplus Lines Broker:<br>CONNECTICUT UNDERWRITERS, INC.<br>421 WADSWORTH STREET, MIDDLETOWN, CT 06457  |  | License No.<br><b>24</b>   |
| 2. Producing Agent (not agency) _____ CT Lic. No. _____   |  | 3. Name/Location of Risk _____   |
| 4. 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.G.S.?<br>____ Yes ____ No ____ Exportable List |  | 5. Surplus Lines insurer(s) and associated representative accepting this risk.<br><br>(1) _____<br>Insurer |
| 6. Kind of Insurance  | Limits   | Risk Description   |
| 7. Premium  | ____ Term Premium<br>____ Installment<br>____ Subject to audit | Policy Period  |
|   |  | (2) _____<br>Insurer<br><b>CONNECTICUT UNDERWRITERS, INC.</b><br>Associated Representative                 |

**AFFIDAVIT BY INSURED**

I/We, the named insured, state that on \_\_\_\_\_ 20\_\_\_\_\_ 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 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.

|                        |                          |                               |
|------------------------|--------------------------|-------------------------------|
| 8a. Broker Service Fee | 8b. Producer Service Fee | _____<br>Signature of Insured |
|------------------------|--------------------------|-------------------------------|

State of Connecticut \_\_\_\_\_  
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 a 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 Connecticut \_\_\_\_\_  
County of Middlesex \_\_\_\_\_ SS \_\_\_\_\_ 20\_\_\_\_\_

Personally appeared before me (broker) WILLIAM D. KILEY, CIC, AAI; CONSTANCE I. SULLIVAN, CPCU, ASLI and made oath that the above affidavit signed by him/her is true to the best of his/her knowledge and belief.

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

EVIDENCE OF C.G.S. 38a-741 COMPLIANCE

If coverage is available through a Residual Market Mechanism, state the reason(s) the Insured is not eligible or attach declination.

Three licensed insurers who declined to insure this risk:

Reason(s): FILING FEE, POLICY FEE, AUDIT OR INSPECTION OF \_\_\_\_\_ IS ACKNOWLEDGED AS EVIDENCE OF COMPLIANCE OF C.G.S. 38a-707

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

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

\_\_\_\_\_  
Producing Agent

Copy of declination attached:

\_\_\_\_\_  
Name of Risk

\_\_\_\_\_  
**Please sign and date**

