

Control No.

Surplus Lines Statement (Form SL-8)

State of Connecticut
Insurance Department (Rev. 07/2013)

1. Name and Address of Surplus Lines Broker		
2. Producing Agent (not agency)	2a. CT License No.	
3. Agency Represented	3a. CT License No.	
4. Name and Location on Risk		
5a. Surplus Lines Insurer(s) and NAIC No.		
5b. Surplus Lines Insurer(s) and NAIC No.		
6. Kind of Insurance	6a. Limits	6b. Risk Description
7. Type of Policy _____ New Business or _____ Renewal	7b. Reason for Placement	
8. Premium	8a. _____ Term Premium _____ Installment _____ Subject to Audit	8b. Policy Period
9. 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.S.G? ___ Yes ___ No ___ Exportable List		
9a. Broker Service Fee	9b. Producer Service Fee	

STATEMENT BY INSURED

I/We, the named insured, state that on _____, I/We directed the licensed producing agent named on this Surplus Lines Statement to obtain insurance coverage described herein; that I/We were informed by said producing agent that he/she 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. I/We have been advised that, in addition to commissions, I/We will be charged a service fee as set out in 9a and 9b.

Signature of Insured

STATEMENT 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 Statement, depose and declare under the penalties provided for false statements that the 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 Statement, which insurance is only the excess over amounts procurable from licensed insurers.

Signature of Surplus Lines Broker

STATE OF CONNECTICUT
INSURANCE DEPARTMENT

INSTRUCTIONS FOR COMPLETING THE SURPLUS LINES STATEMENT (Form SL-8)

1. Refers to the licensed surplus lines broker and its' Connecticut license number.
2. Refers to the producing agent and his/her Connecticut license number.
3. Refers to the producing agency and its' Connecticut license number.
4. Indicate the name and location of the risk.
5. Identify the "White List" insurer/s through which the business is written. The White list is available on our web site at www.ct.gov/cid. You will find surplus lines insurers among the "List of Licensed Companies, [Approved Reinsurers and Surplus Lines Insurers](#) (pdf 283 kb)". A "k" in the type column will indicate the company is a surplus lines insurer. This list is compiled and maintained by the Financial Regulation Division.
6. Enter the kind of insurance, limits (6a), and Risk Description (6b). "Risk Description" should identify the type of operation or risk (i.e. manufacturer, complex, etc.)
7. Select new or renewal business. Indicate reason for placement (7b) (i.e. coastal homeowner, vacant.)
8. Indicate the premium and the type of payment (8a). The policy period must show specific effective and expiration dates (b). Indicating "one year" or "six months" is not acceptable.
9. In response to question, select yes, no or exportable list. Indicate the amount of the broker service fee assessed in box 9a. Indicate the amount of the producer service fee assessed in box 9b.

Control number must be assigned by the surplus lines broker in numerical sequence, beginning with no. 1, followed by a hyphen and the last two digits of the year of the effective date of the policy. The statement must bear the signatures of the insured and the broker. Failure to adhere to filing deadlines may result in administrative action.

All statements are to be filed with the Quarterly Tax Returns on February 15th, May 15th, August 15th and November 15th.

IMMEDIATE RESPONSE REQUIRED

CONNECTICUT SURPLUS LINES TAX FILING

THE FOLLOWING INFORMATION MUST BE RETURNED TO
THIS OFFICE IMMEDIATELY SO THE PROPER SURPLUS
LINES FILINGS CAN BE COMPLETED

THE **CONNECTICUT** INSURANCE DEPARTMENT REQUIRES
THE NAMES OF THREE (3) COMPANIES DECLINING TO
WRITE THIS INSURANCE COVERAGE.

NAMED INSURED:

POLICY NO:

Company Name Declining Coverage	Underwriter Name, Title, Location	Date Declined
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#1 _____

#2 _____

#3 _____

Please fax or mail form immediately upon receipt.

_____ Signature of person completing form.

_____ Date form completed.