Form BR-7	AFFIDAVIT BY ASSURED		Affidavi	t # 20_	
I/We	of	do	hereby	state	that in
, 20, I/W	Ve directed				my/our
Insurance Broker to obtain in informed us that the required	surance against certain risks as described insurance could not be obtained from, or vet business in the Commonwealth of Massac	herein. Nould not	/Jy/Our Ii	nsuranc	e Broker
	e informed that the type and amount of its not admitted to transact business in the				
A. The surplus lines insur is not subject to Masso	rer with whom the insurance was placed is achusetts regulations.	not licen	sed in th	is state	and
B. In the event of the inso insurance guaranty fu			-		
	Signature by Assured				
	Print Name				
	Date:				
THIS PORTION MUST	Γ BE COMPLETED AND SIGNED BY	THE OR	IGINAL	BROK	ER
Name of Insured	Address				
Coverage:					
Limit:	Premium_				
I/We hereby verify that I/We ounderstood such.	explained the foregoing to the insured and i	t was ackr	nowledge	d that h	ie/she
	_Signature	Date			_
A copy of this affidavit must be the time said copy was complete.	be kept in the original broker's file and a copeted by him/her.	y must be	e given to	the ass	sured at
	AFFIDAVIT BY SPECIAL BROKE	R			
I,	of		in	said c	ounty of
de informed by the Assured's In procure in companies admitte necessary to protect the insurrequirements of Section 168 c insurance broker under said companies admitted to do but	pose and say that I was engaged directly surance licensed Agent/Broker that after of the dot do business in this Commonwealth the rable interests described above. This Aff of Chapter 175 of the General Laws, and to section to procure insurance for said insurances in the Commonwealth are willing those which have accepted all or part the NAIC#	by the Adiligent efficient amount idavit is repairable into to write	Assured reforts, he/and/or tymade to de me as a erests beythereon.	named laste is upper of it comply license wond the	herein or unable to insurance with the d special lat which following
Amendments to Affidavit: () Increase () Decrease				
I hereby verify the foregoing s	statements and declare that they were made	under the	penalties	of perj	ury.
License #	Signature	Date			

A copy of this affidavit must be kept in the Special Brokers File and the original filed with the Division of Insurance of the Commonwealth of Massachusetts within *twenty days* following date of procurement.