

Transaction Number

STATE OF NEW JERSEY
 DEPARTMENT OF BANKING AND INSURANCE
 SURPLUS LINES EXAMINING OFFICE
 P.O. BOX 325
 TRENTON, NEW JERSEY 08625-0325

CERTIFICATION OF EFFORT TO PLACE RISK WITH AUTHORIZED INSURER

This certification shall be submitted by the originating producer to the surplus lines agent, within thirty (30) business days after the effectuation of any surplus lines insurance. The **original** of the certification must be maintained in the files of the surplus lines agent and a copy in the files of the producer and both must be available for inspection by the Commissioner for a period of at least five years.

Name of Insured:
Address of Insured:
Location of Property or Risk:
Insurance Coverage: Description & Amount

Originating Producer: Corporate or Partnership
Originating Producer: Individual Name and/or Title
Originating Producer: Complete Address

The above hereby certifies that he/she is duly licensed as an insurance producer under the laws of New Jersey, and that: On or about _____, 20__, I was engaged by the insured named herein to procure insurance of the kind described herein and in the amount shown. I have made a diligent effort first to place this coverage with authorized insurers, each of which is authorized in New Jersey to write insurance of the kind requested and is an insurer that I had a good faith reason to believe might consider writing the type of coverage described herein.

Certification of Effort To Place Risk With Authorized Insurer (continued)

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The following insurers are among those that I contacted relative to this risk or to substantially similar risks within the past 30 days:

Insurer	Representative	Telephone No.	Date	Result Code*

*Result Codes: (enter appropriate code(s) for each insurer listed above)

A. -- Having made a diligent effort, I was unable to obtain an offer/quote from this authorized insurer in the admitted market, which declined to accept all or any part of the risk.

AND/OR

B. -- Having made a diligent effort, the only offer(s)/quote(s) obtained reflected such a substantial increase in premium over similar coverage placed within the preceding 12 months that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

AND/OR

C. -- Having made a diligent effort, the only offer(s)/quote(s) obtained reflect(s) such a substantial reduction in coverage from coverage placed within the preceding 12 months for substantially similar premium that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties.

(Date)

(Signature)

The undersigned applicant has been advised by the undersigned originating insurance producer and understands that an insurance policy written by a surplus lines insurer is not subject to the filing or approval requirements of the New Jersey Department of Banking and Insurance. Such a policy may contain conditions, limitations, exclusions and different terms than a policy issued by an insurer granted a Certificate of Authority by the New Jersey Department of Banking and Insurance.

Applicant's Signature

Applicant's Name (Print or Type)

Date of Applicant's Signature

Producer Signature

Producer Name (Print or Type)

Date of Producer Signature

New Jersey Producer License Reference Number

Quaker Special Risk

A division of the Quaker Agency, Inc.



FAX

NAME:	
COMPANY:	
ADDRESS:	
STATE, ZIP:	
DATE:	
NO. OF PAGES:	
FAX TO:	

PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.

Click the link below for a list of our offices and current fax numbers.

[QSR Contact Information](#)

ADDITIONAL COMMENTS:

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