

SURPLUS LINES AFFIDAVIT

Insured: Name _____
Address _____

Location of Property or Risk: _____

Insurance Coverage: Description _____ Type _____
Amount _____ Audit type? _____
Effective date _____ Term _____

Placement:

Eligible Surplus Lines: Name _____
Address _____
Amount _____ Premium _____
Tax Collected _____

Ineligible Surplus Lines: Name _____
Address _____
Amount _____ Premium _____
Tax Collected _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____.

STATE OF _____)
County of _____)

Notary _____) _____ of
(Surplus Line Agent)

Seal _____) _____
(Complete Address)

being duly sworn according to law, on his/her oath deposes and says that he is duly licensed as a surplus line agent under the laws of the State of Minnesota, and that

On or about _____ 20 _____, he was engaged by the insured named herein, or by

(Name and Address)

as his/her authorized agent, to procure insurance of the kind described herein and in the amount shown; that he/she has made diligent effort to procure the required coverage from among insurers who are licensed to transact and are actually writing the particular kind and class of insurance coverage required; that he/she was unable to obtain coverage in such licensed insurers to the extent reported herein; that he/she so advised the insured or his authorized representative; that the following insurers or groups of insurers are among those which declined to accept all or any part thereof:

(LIST NAMES AND ADDRESSES OF DECLINING LICENSED INSURERS ACTUALLY WRITING THIS PARTICULAR KIND AND CLASS OF INSURANCE COVERAGE. ATTACH COPIES OF LETTERS FROM THESE INSURERS OR THEIR REPRESENTATIVES STATING REASON(S) FOR DECLINING RISK. IF THE RISK, BY CAPACITY OR NATURE, IS NOT NORMALLY WRITTEN BY LOCAL OFFICE, LETTER OR DECLINATION MUST BE SIGNED BY AN OFFICER IN THE HOME OFFICE OF THE INSURANCE COMPANY.)

LICENSED INSURER - NAME AND ADDRESS REASON FOR DECLINATION

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Note: A complete copy of the policy form, as issued by the surplus lines insurer, is attached hereto or will be supplied as soon as it is issued. If the policy form is on file with the Minnesota Department of Commerce then submit the form number only, as follows - Policy form _____;

(FAX

NAME: _____
COMPANY: _____
ADDRESS: _____
STATE, ZIP: _____
DATE: _____
NUMBER OF PAGES(incl. Cover): _____
* 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.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:
