

Surplus Lines Affidavit (Form SL-8)

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1. Name and Address of Surplus Lines Broker: CONNECTICUT UNDERWRITERS, INC. 421 WADSWORTH STREET, MIDDLETOWN, CT 06457		
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.		
5c. Associated Representative		
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

AFFIDAVIT BY INSURED

I/We, the named insured, state that on _____, 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/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 below.

9a. Broker Service Fee

9b. Producer Service Fee

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 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 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