

PART A – AFFIDAVIT BY EXCESS LINE BROKER

1. EXCESS LINE BROKER INFORMATION

AFFIDAVIT NO.

<input type="text"/>	License No. Ex -	<input type="text"/>
Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Zip Code

* IF THE INSURED IN THIS TRANSACTION WAS REPRESENTED BY A PRODUCING BROKER, THEN A PART C AFFIDAVIT BY THE PRODUCING BROKER MUST BE ATTACHED.

2. RISK INFORMATION: THE EXCESS LINE BROKER MUST COMPLETE THIS SECTION!

<input type="text"/>	Location of Risk (if different from insured mailing address)
Name of the Insured	<input type="text"/>
<input type="text"/>	Address
Address	<input type="text"/>
<input type="text"/>	<input type="text"/>
City	City
<input type="text"/>	<input type="text"/>
State	State
<input type="text"/>	<input type="text"/>
Zip Code	Zip Code

<input type="text"/>	<input type="text"/>
Type of Coverage	Type of Coverage Code *
	*(Use ELANY Statistical Code, Add suffix "PG" if this Insurance was placed pursuant to Regulation 134)
<input type="text"/>	<input type="text"/>
Description of Insured Business	Insured Business Description Code

(a) Yes No Was this insurance placed pursuant to Regulation 134 governing transactions with risk purchasing groups authorized by the Federal Liability Risk Retention Act of 1986?

(b) If the answer to (a) above is "Yes", indicate
Name of Purchasing Group

Address City State Zip Code

(c) Yes No Did you personally provide a written Notice of Excess Line Placement (Form: NELP/2011) to the insured as required by Section 2118 of the New York Insurance Law and Regulation 41?

(d) Yes No Does the insured risk have exposures inside and outside New York? If the answer to (d) is "YES", and 1) **the policy inception date is on or before July 20, 2011** complete and attach **NYSID FORM EL-3**, or 2) **the risk includes exposures outside of the United States**, complete and attach **NYSID FORM EL-4**.

3. DECLINATION INFORMATION

(a) Yes No Has the Superintendent determined that declinations are not required for this type of Risk? IF ANSWER TO QUESTION (a) IS "YES", SKIP QUESTIONS (b) AND (c) GO ON TO SECTION 4.

(b) Yes No Does the insured qualify as an "Exempt Commercial Purchaser" that made a written request consistent with the requirements of New York Insurance Law Section 2118(b)(3)(f)? IF ANSWER TO QUESTION (b) IS "YES", SKIP QUESTION (c) GO ON TO SECTION 4.

(c) Yes No Was the risk described above submitted by the excess line broker to companies: (1) each authorized in New York to write coverages of the kind requested; (2) which the licensee has reason to believe might consider writing the type of coverage or class of insurance involved; and, (3) was such risk declined by each such company? IF ANSWER TO QUESTION (c) IS "YES", COMPLETE THE FOLLOWING SCHEDULE.

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AFFIDAVIT NO. _____

AUTHORIZED COMPANIES DECLINING THE RISK

1. Name of company Date of Declin.:
NAIC Code

I believed this insurer would consider underwriting this risk because:

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. _____

2. Name of Company Date of Declin.:
NAIC Code

I believed this insurer would consider underwriting this risk because:

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. _____

3. Name of Company Date of Declin.:
NAIC Code

I believed this insurer would consider underwriting this risk because:

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. _____

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4. PLACEMENT INFORMATION: UNAUTHORIZED COMPANIES PROVIDING COVERAGE

POLICY LIMITS OF PRINCIPAL INSURANCE COVERAGE	
INCEPTION DATE OF POLICY	
TERM IN MONTHS	

NAME OF COMPANY	CODE	PERCENT OF TOTAL ACCEPTED	TOTAL EXCESS LINE PREMIUM**

** For policies incepting on and before July 20, 2011, report only the New York portion of the premium if the risk has exposures both inside and outside New York. For policies incepting on and after July 21, 2011, the total excess line premium is the gross written premium.

AFFIRMATION

I, _____, am the licensee or sublicensee of the named broker in Section 1 of this affirmation and I hereby affirm under penalties of perjury that:

- 1) The “insureds home state” as defined in New York Insurance Law Section 2101 (x)(3) is New York State.
- 2) all of the information contained herein is true to the best of my knowledge and belief,
- 3) an affirmation by the producing broker is submitted herewith if a producing broker also represented the insured in placing the risk described herein,
- 4) a copy of the notice of excess line placement was mailed to the insured and a copy is submitted herewith, and
- 5) every policy or contract of insurance covering the risk described herein was procured by me from the unauthorized Insurers identified herein in full compliance with all applicable provisions of the New York Insurance Law and Title 11 of the New York Code of Rules and Regulations.

Signature _____ Date _____