

# PART C – AFFIDAVIT BY PRODUCING BROKER

AFFIDAVIT NO. \_\_\_\_\_

## 1. PRODUCING BROKER INFORMATION

Name		License No. BR-	
Address		City	State
			Zip Code

## 2. RISK INFORMATION:

Name of the Insured \_\_\_\_\_

(The name of the insured must be precisely the same in this affidavit and the declarations page, binder, cover note or confirmation of coverage.)

## 3. DISCLOSURE INFORMATION

Yes  No  Did you personally advise the insured, that after a diligent effort to place the required insurance with companies authorized in New York to write coverage of the kind requested, all or a portion of the required insurance would be written by companies NOT authorized in New York.

## 4. 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 THE AFFIRMATION SECTION.

(b) Yes  No  Was the risk described above submitted by the producing 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?

(c) If the answer to (b) above is "Yes", COMPLETE THE FOLLOWING SCHEDULE:

### AUTHORIZED COMPANIES DECLINING THE RISK

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

The insurer declined to underwrite the risk because:

- Insurer presently lacks adequate capacity to write this risk.
- Specific underwriting reason.
- Other (Specify) \_\_\_\_\_

Affiliation of Representative:  Company Employee  Agent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Name of Representative Declining Risk

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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AFFIDAVIT NO. \_\_\_\_\_

## AUTHORIZED COMPANIES DECLINING THE RISK

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

The insurer declined to underwrite the risk because:

1.  Insurer presently lacks adequate capacity to write this risk.
2.  Specific underwriting reason.
3.  Other (Specify) \_\_\_\_\_

Affiliation of Representative:  Company Employee  Agent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Name of Representative Declining Risk

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 Declin.: \_\_\_\_\_  
NAIC Code \_\_\_\_\_

The insurer declined to underwrite the risk because:

1.  Insurer presently lacks adequate capacity to write this risk.
2.  Specific underwriting reason.
3.  Other (Specify) \_\_\_\_\_

Affiliation of Representative:  Company Employee  Agent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Name of Representative Declining Risk

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. \_\_\_\_\_

## 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 all of the  
information contained herein is true to the best of my knowledge and belief.

Signature of Affiant \_\_\_\_\_ Date \_\_\_\_\_

## NOTICE OF EXCESS LINE PLACEMENT

Date:

Consistent with the requirements of New York Insurance Law and Regulation 41 \_\_\_\_\_ is hereby advised that after a diligent effort to place the required insurance with companies authorized in New York to write coverages of the kind requested, all or a portion of the required coverages have been placed by \_\_\_\_\_ with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Insurance pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State Insolvency Fund.

### TOTAL COST FORM

In consideration of your placing my insurance as described in the policy number appearing below, I agree to pay the total cost below which includes all premiums, tax\*, stamping fee, inspection charges, other expenses and/or fee\*\* for additional compensation, in addition to commissions received.

\*New York City Fire Patrol Tax included, where applicable

I further understand and agree that such fee\*\* and/or inspection charges and other expenses are fully earned from the inception date of the policy regardless of whether said policy is cancelled.

Re: Policy No.

Insurer

Premium or Allocated-Premium	\$
Excess Line Tax (3.60%)	\$
Stamping Fee (0.40%) (For Policies Incepting before 7/1/04)	\$
Stamping Fee (0.30%) (For Policies Incepting on and after 7/1/04 and before 7/1/05)	\$
Stamping Fee (0.20%) (For Policies Incepting on and after 7/1/05)	\$
Broker Fee (**)	\$
Inspection Fee (**)	\$
NY City Fire Patrol Tax	\$
<b>Gross Policy Premium</b>	\$ _____
<b>Total Policy Cost</b>	\$ _____

\_\_\_\_\_  
(Signature of Insured)

**PLEASE REVIEW YOUR QUOTE  
CAREFULLY. PLEASE BE AWARE OF ANY  
SUBJECTIVITY THE COMPANY IS  
REQUIRING IN ORDER TO BIND  
COVERAGE.**

**NEW YORK AFFIDAVIT PART C AND COPY  
OF SIGNED TOTAL COST FORM ARE  
REQUIRED PRIOR TO BINDING COVERAGE.**

**ORIGINAL TOTAL COST FORM AND  
SIGNED APPLICATION MUST BE RECEIVED  
WITHIN 21 DAYS FROM THE DATE  
COVERAGE IS BOUND.**