

Control No.

Surplus Lines Statement (Form SL-8)

State of Connecticut
Insurance Department (Rev. 07/2013)

1. Name and Address of Surplus Lines Broker Agency Intermediaries, Inc. P.O. Box 451, Guilford CT 06437			License No. 2
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.			
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	
9. Does the undersigned broker have on file evidence of declination by three licensed insurers and ineligibility for any residual market mechanism per 38a-741 C.S.G? ___ Yes ___ No ___ Exportable List			
9a. Broker Service Fee		9b. Producer Service Fee	

STATEMENT BY INSURED

I/We, the named insured, state that on _____, I/We directed the licensed producing agent named on this Surplus Lines Statement 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.

Signature of Insured

STATEMENT 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 Statement, depose and declare under the penalties provided for false statements 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 Statement, which insurance is only the excess over amounts procurable from licensed insurers.

Signature of Surplus Lines Broker