

STATE OF CONNECTICUT
INSURANCE DEPARTMENT
FORM SL-8 (Rev. 04/04)

SURPLUS LINES AFFIDAVIT

AFFIDAVIT CONTROL NO.

1. Name and Address of Surplus Lines Broker Boston Insurance Specialists, Inc.
800 South Main Street, Suite 101, Mansfield, MA 02048

2. Producing Agent (not agency)		CT Lic. No.	3. Name/Location of Risk
4. 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.G.S.? ____ Yes ____ No ____ Exportable List			5. Surplus Lines insurer(s) and associated representative accepting this risk. (1)
6. Kind of Insurance	Limits	Risk Description	Insurer
7. Premium	____ Term Premium ____ Installment ____ Subject to audit	Policy Period	Insurer
			Associated Representative

AFFIDAVIT BY INSURED

I/We, the named insured, state that on _____ 20____ 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 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 8a and 8b below.

8a. Broker Service Fee

8b. Producer Service Fee

Signature of Insured

State of _____
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 a 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 RI
County of Providence

SS _____ 20____

Personally appeared before me (broker) Deborah A. Murphy
and made oath that the above affidavit signed by him/her is true to the best of his/her knowledge and belief.

Notary Public

My Commission Expires 3/6/14



**BOSTON
INSURANCE
SPECIALISTS, INC.**

31 Milk Street, Suite 405, Boston, MA 02109
617-451-5700 • 800-784-1887

ADMITTED MARKETS DECLINATIONS
(Provide at least 3)

Account Name: _____

<u>Admitted Company</u>	<u>Underwriter</u>	<u>Phone #</u>	<u>Date</u>	<u>Reason Declined</u>