

COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT

SLL Affidavit (REV. 07/06)

Pennsylvania Surplus Lines Association
211 Welsh Pool Road, Suite 200
Exton, PA 19341

Customer ID #	
Policy #	
Binder #	

Type of Filing (indicate one with "X"):

1609-SLL/1609-PR

1609-B (used when Placement has been with eligible carrier for at least three consecutive years). By checking this box, I declare under penalties provided for perjury, the insurance coverage described below has been placed continuously with an eligible surplus lines insurer for a period of at least three consecutive years immediately preceding the current placement.

1610-A (used in accordance with Section 1610-A of the Surplus Lines Law). By checking this box, I declare under penalties provided for perjury, the below risk satisfies at least three of the six requirements provided in Section 1610-A of the Surplus Lines Law.

1610-B (used for PA Members of a Purchasing Group) Name of Purchasing Group: _____

REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTIONS 1604, 1606, 1608 AND 1609 OF ARTICLE XVI. SURPLUS LINES. OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED

DECLARATION BY SURPLUS LINES LICENSEE

Insured Name				
Location of Risk***		City	State	Zip
Type of Coverage		Description of Insured's Operations		
Amount of Insurance	Property*	\$	Casualty**	\$
Effective Date			Expiration Date	

*Total Insured Value **General or Policy Aggregate ***If more than one location of risk, then give address with most exposure

With respect to the risk described above, I hereby declare under the penalties provided for perjury that I am not aware of how the coverage can be procured from licensed insurers. I have, therefore, affected the insurance described above with the following eligible surplus lines insurer(s):

Eligible Insurer Number: _____	If more than one Insurer, please check here: _____ and complete 1609/1610-SH (Attachment)
PA Portion Premium Charged \$ _____	Check here: _____ ONLY if Tax Exempt

I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producing broker, that:

The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.

Indicate with "X" if appropriate

Attached is FORM 1606-A as a portion of the risk has been assigned in accordance with Section 1606 to a non-admitted insurer not on the Pennsylvania Insurance Department's current list of eligible surplus lines insurers.

ALL applicable provisions of ARTICLE XVI of the Insurance Company Law (40 P.S. §991.1601 et seq.) and Title 31 Pa. Code, Chapter 124 have been or will be complied with.

Agency Name: _____ Agency License No.: _____
(Type/Print Name of Surplus Lines Agency) (Agency Surplus Lines License No.)

Individual Licensee: _____ Individual License No.: _____
(Type/Print Name of Individual Licensee) (Individual Surplus Lines License No.)

Signature of Licensee: _____ Date: _____

COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT

1609-PR (REV. 09/10)

(Must be included with SLL Affidavit type 1609-SLL/1609-PR)

Pennsylvania Surplus Lines Association 180 Sheree Blvd., Suite 3100 Exton, PA 19341
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Customer ID #	
Policy #	
Binder #	

Report of transactions with unlicensed insurer(s) in accordance with Section 1609 of Article XVI, Surplus Lines of the Insurance Company Law, Act of May 17, 1921, P.L. 682, No. 284, as amended

DECLARATION BY PRODUCER

Insured Name				
Location of Risk***		City	State	Zip
Type of Coverage:		Description of Insured's Operation:		
Amount of Insurance	Property* \$	Casualty**	\$	
Effective Dates (term) of Coverage	FROM	TO		

*Total Insured Value ** General or Policy Aggregate ***If more than one location of risk, then give address with most exposure

I declare under the penalties provided for perjury, that I have made a diligent effort to procure the insurance coverage described above from licensed insurers which are authorized to transact the kind of insurance involved and which provide, in the usual course of business, coverage comparable to the coverage being sought and have been unable to procure said insurance. Among the licensed insurers declining to insure the risk or declining the amount of insurance on this risk, are the following:

NAIC #	NAMES OF LICENSED COMPANIES	INSURER'S REPRESENTATIVE
1.		
2.		
3.		

I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that:

The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.

ALL applicable provisions of ARTICLE XVI of the Insurance Company Law (40 P.S. §991.1601 et seq.) and Title 31 PA Code, Chapter 124 have been or will be complied with.

Name of Producer Agency: _____
 (Type or Print Name of Producer Agency)

License # of Producer Agency: _____
 (Agency's License No.)

Name of Producer: _____
 (Type or Print Name of Individual Producer)

License # of Producer: _____
 (Individual's License No.)

Signature of Producer _____
 (Signature of Producer)

Date: _____