

AFFIDAVIT OF ORIGINATING AGENT OR BROKER

FORM SL-1

State of _____

City and County of _____, _____

_____ first being duly sworn, deposes and says that he is a duly licensed resident/non-resident agent or broker or duly licensed non-resident surplus lines broker for purchasing groups only for the line(s) of property, casualty, surety, and marine insurance to which this affidavit applies, and that the insurance coverages listed hereinafter were procured during the month of _____, 19____, through the assistance of _____, a licensed surplus line broker. Affiant further states that he has made a diligent effort to place these coverages in those admitted insurers licensed in Arkansas which are actually marketing in this State the kind or class of insurance sought to be placed, and that being unable to place such coverages, or a part thereof, in admitted insurers, the hereinafter listed coverages were placed through the surplus line market.

Finally, Affiant states that the information contained in the Disclosure to surplus Line Insured, a copy of which is attached hereto, was made known to the Insured prior to the procuring of the coverage in a nonadmitted insurer and that the insured's signature thereon was obtained as soon as reasonably possible.

Originating Agent or Broker

Agency Represented

Address

Telephone Number

Subscribed and sworn to or affirmed before me
This ____ day of _____, 19____.

Notary Public
My Commission expires _____
19_____.

DISCLOSURE TO SURPLUS LINE INSURED

FORM SL-3

THE UNDERSIGNED ACKNOWLEDGES THAT HE HAS BEEN INFORMED THAT THE INSURANCE RISK FOR WHICH HE DESIRES COVERAGE HAS BEEN PLACED PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT HE UNDERSTANDS THAT THE INSURANCE COMPANY'S RATES AND FORMS ARE NOT SUBJECT TO REVIEW BY THE ARKANSAS INSURANCE DEPARTMENT; THAT THE PROTECTION OF THE ARKANSAS PROPERTY AND CASUALTY GUARANTY ACT DOES NOT APPLY TO A POLICY WRITTEN PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT A TAX OF 4% IS REQUIRED BY LAW TO BE COLLECTED ON ALL SURPLUS LINE INSURANCE PREMIUMS.

DATE	SIGNATURE OF INSURED

	FIRM REPRESENTED, IF APPLICABLE

	Address

	Telephone Number

	Name of Purchasing Group (if applicable)

(Ed. 4/91)