STATE OF RHODE ISLAND

AFFIDAVIT BY BROKER

I _____swear under penalty of perjury as follows. I am a Surplus Lines Broker licensed pursuant to R.I. Gen. Laws §§ 27-3-1 *et seq*. with an office at:

_____

(street) (city or town) (state) (zip code)

The following information is true and correct and made in conjunction with my responsibilities as a licensed Surplus Lines Broker.

On _____, 2____, as a licensed Surplus Lines Broker, I was engaged by the insured named herein, either directly or by a licensed Rhode Island producer, to obtain insurance against the risk described in this document. A diligent effort has been made, but neither the insured nor their producer were able to obtain the required insurance with insurers licensed to transact business in the State of Rhode Island. The following insurers, licensed to write the type of insurance which is the subject of this affidavit within the State of Rhode Island, have declined the risk described (please note that the underwriter or producer who declined the risk must be identified):

Insurer	Underwriter or Producer who Declined Risk
1. _____	
2. _____	
3. _____	

As a licensed Surplus Lines Broker I have obtained the insurance from the surplus lines insurer indicated at the bottom of the second page of this form.

I hereby certify under penalty of perjury that the foregoing is true and correct.

_____

Surplus Lines Broker

AFFIDAVIT BY INSURED

I _____of
_____
(street) (city or town) (state) (zip code)
state that on _____, 2____, I directed
_____, a licensed Rhode Island insurance producer, to obtain insurance against the risk as described below. They informed me that the required insurance could not be obtained from insurers licensed to transact business in the State of Rhode Island. They also informed me that they made a diligent effort to procure the insurance from licensed insurers, but were unable to do so. I therefore directed the insurance producer to obtain said insurance from such approved Surplus Lines Insurers through the office of
_____, a licensed Rhode Island Surplus Lines Broker.

NOTICE

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

_____
Insured

Risk Insured: _____
Line of Business:_____
Amount of Insurance:_____
Name of Approved Surplus Lines Insurer: _____
_____
Policy Number, Term and Expiration Date:_____
_____
Premium:_____
Surplus Lines Broker License Number:_____