

STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE
SURPLUS LINES EXAMINING OFFICE
P.O. BOX 325 Trenton, New Jersey 08625-0325

CERTIFICATION OF EFFORT TO PLACE RISK WITH AUTHORIZED INSURER

This certification shall be submitted by the originating producer *[with]* ***to*** the surplus lines agent within 30 business days after the effectuation of any surplus lines insurance. The original of the certification must be maintained in the files of the surplus lines agent and a copy in the files of the producer and both must be available for inspection by the Commissioner for a period of at least five years.

(Name of insured)

(Address of insured)

(Location of Property or Risk)

(Insurance Coverage: Description and Amount)

(Originating producer- Corporate or partnership)

(Originating producer- Individual name and/or Title)

(Originating producer-Complete Address)

The above hereby certifies that he/she is duly licensed as an insurance producer under the laws of New Jersey, and that: On or about _____, I was engaged by the insured named herein to procure insurance of the kind described herein and in the amount shown. I have made a diligent effort first to place this coverage with authorized insurers, each of which is authorized in New Jersey to write insurance of the kind requested and is an insurer that I had a good faith reason to believe might consider writing the type of coverage described herein.

*[Check whichever is applicable:

[] Having made a diligent effort, I was unable to obtain an offer/quote in the admitted market;

AND/OR

[] Having made a diligent effort, the only offer(s)/quote(s) obtained in the admitted market reflect(s) such a substantial increase in premium over coverage I placed within the preceding 12 months that coverage in the admitted market is unavailable as a practical matter.]*

The following insurers are among those that I contacted relative to this risk or to substantially similar risks within the past 30 days:

<u>Insurer</u>	<u>Representative</u>	<u>Telephone No.</u>	<u>Date</u>	<u>Result Code*</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Result Codes:(enter appropriate code(s) for each insurer listed above)*

A- *Having made a diligent effort, I was unable to obtain an offer/quote from this authorized insurer in the admitted market, which* *[Insurer]* declined to accept all or any part of the risk.

AND/OR

B- *[Insurer provided offer/quotes reflecting a very substantial increase in premiums compared to substantially similar coverage I placed within the preceding 12 months.]* *Having made a diligent effort, the only offer(s)/quote(s) obtained reflected such a substantial increase in premium over similar coverage placed within the preceding 12 months that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

AND/OR

C- Having made a diligent effort, the only offer(s)/quote(s) obtained reflect(s) such a substantial reduction in coverage from coverage placed within the preceding 12 months for substantially similar premium that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.*

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties.

(Date)

(Signature)

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