



## Department of Business Regulation

### *Insurance Division*

1511 Pontiac Avenue, Bldg. 69-2

Cranston, Rhode Island 02920

# Insurance Bulletin Number 2018-9

## Surplus Lines Broker Forms

The following forms are designated for use in compliance with 230-RICR-20-50-1-Surplus Lines Brokers.

### **Section 1.6 Affidavits**

Affidavit by Broker

Affidavit by Insured

### **Section 1.7 Annual Report**

Annual Surplus Lines Report, due April 1st

**STATE OF RHODE ISLAND**

**AFFIDAVIT BY BROKER**

I \_\_\_\_\_ swear under penalty of perjury as follows. I am a Surplus Line 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 Line 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(s) described below. Said insured or his(her) producer was unable to obtain the required insurance with insurers licensed to transact business in the State of Rhode Island. A diligent effort has been made on behalf of the insured to procure the insurance from insurers licensed to insure these risks 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 coverage referenced above (please note that the name of the officer of the insurer or the producer that declined risk must be identified):

Insurer	Name of Officer or Producer that Declined Risk
1. _____	_____
2. _____	_____
3. _____	_____

As a licensed Surplus Line Broker I have obtained the insurance from certain approved surplus lines insurer(s) as 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 Line Broker

**AFFIDAVIT BY INSURED**

I (We) \_\_\_\_\_ of

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

state that on \_\_\_\_\_, 2\_\_\_\_, I(we) directed \_\_\_\_\_, a licensed Rhode Island insurance producer, to obtain insurance against the risk(s) as described below. He(she) informed me(us) that the required insurance could not be obtained from insurers licensed to transact business in the State of Rhode Island. He(she) informed me(us) that he(she) made a diligent effort to procure the insurance from licensed insurers, but was(were) unable to do so. I(we) therefore directed (my)our insurance producer to obtain said insurance from such approved Surplus Lines Insurers through the office of \_\_\_\_\_ a licensed Rhode Island Surplus Line 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(s) Insured: \_\_\_\_\_

Line of Business: \_\_\_\_\_

Amount of Insurance: \_\_\_\_\_

Name of Approved Surplus Lines Insurer(s): \_\_\_\_\_

Policy Number, Term and Expiration Date: \_\_\_\_\_

Premium: \_\_\_\_\_

Surplus Lines Broker License Number: \_\_\_\_\_

