

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2, and the attached current California Export List for assistance in completing this form.

Please check ONE box only:

- The following information, accompanied by a copy of the declarations page or certificate or binder, is submitted for an insurance coverage or risk listed on the current California Department of Insurance Export List. (California Insurance Code Section 1763.1)
- The following information, accompanied by a copy of the declarations page or certificate or binder, and a fully executed copy of the diligent search report (SL-2 Form), is submitted in accordance with California Insurance Code Section 1763(a).

1. _____ hereby submits that he/she is:

(A) a duly licensed surplus line broker, license number _____: or,

(B) a transactor on the surplus line license of _____,
(Name of Organization)

(C) _____; and,
(License Number)

that he/she or said organizational licensee was engaged by the insured, or the insured's broker, named herein, to obtain insurance against certain risk as described in this report.

2. **RISK DESCRIPTION**

(A) Name of Insured _____

(B) Address of Insured _____
(Street and Number)

(C) Description of the Risk _____
(City) (State) (Zip Code)

(D) Location of Risk _____
(e.g., Laundromat, Liquor Store, -- NOT TYPE OF COVERAGE)
(Street and Number)

(E) Export List Code OR Coverage Code _____
(City) (State) (Zip Code)

(Coverage Codes listed on Page Two; Export List Codes listed on Export List)

3. **PLACEMENT DESCRIPTION**

List Nonadmitted Insurer(s) Underwriting This Policy with % of Premium. (Include an attachment if additional space is needed, or attach a line slip.) If Gap Provision applies, please include GAP Exemption Form Attachment.

NAME OF NONADMITTED INSURER(S)

% OF PREMIUM

Signature of Person Named on Line 1

Date