Nevada Surplus Lines Association
DECLINATION DETAIL

This form is to be used when the policy provides insurance for coverage that cannot be written with admitted insurers. (Category is not listed on open lines eligible for export) . In pursuant of 685A.215 of NRS, identify three admitted insurers marketing the class of insurance that declined the risk. Include with this submission form **NSLA 101**

NAME OF INSURED_____

POLICY NUMBER _____

1.

Admitted Insurer _____
Address _____
Phone Number _____ Underwriter _____
Reason For Declination (enter code from bottom) _____

2.

Admitted Insurer _____
Address _____
Phone Number _____ Underwriter _____
Reason For Declination (enter code from bottom) _____

3.

Admitted Insurer _____
Address _____
Phone Number _____ Underwriter _____
Reason For Declination (enter code from bottom) _____

Reason for Declination Codes:

1 -- Unacceptable class of business	**5 – No Market**
2 -- Age of building	**6 – No Prior Insurance**
3 -- Declined to quote	**7 – Excessive claims**
4 -- Doesn't fit underwriting requirement	**8 – Other (please explain)**

_____
_____
PLEASE PROVIDE ANY ADDITIONAL EXPLANATION AND EFFORTS TO PLACE THIS INSURANCE WITH AN ADMITTED INSURER THAT WOULD HELP SUPPORT THE NEED TO PLACE THE POLICY WITH A SURPLUS LINES COMPANY.

_____   _____
 PRINT BROKER'S NAME   **SIGNATURE**   **DATE**

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DECLINATION DETAIL

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NAME OF INSURED _Insured's Name_
POLICY NUMBER _Policy Number_

1.

Admitted Insurer _Declining Carrier Name ex: Hannover Insurance_
Address _Adress of Declining Carrier listed above_
Phone Number _Declining Carrier Phone Number_ Underwriter _Name of Underwriter for Declining Carrier_
Reason For Declination (enter code from bottom)_Number_ listed below pretaining to reason of Declination

2.

Admitted Insurer _Declining Carrier Name ex: The Hartford_
Address _Address of Declining Carrier listed above_
Phone Number _Declining Carriers Phone Number_ Underwriter _Name of Underwriter for Declining Carrier_
Reason For Declination (enter code from bottom)_Number_ listed below pretaining to reason of declination

3.

Admitted Insurer _Declining Carrier Name ex: Liberty Mutual_
Address _Address of Declining Carrier listed above_
Phone Number _Declining Carrier's phone number_ Underwriter _Name of Underwriter for Declining Carrier_
Reason For Declination (enter code from bottom)_Number_ listed below pretaining to reason of declination

Reason for Declination Codes:

1 -- Unacceptable class of business   **5 – No Market**
2 -- Age of building   **6 – No Prior Insurance**
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4 -- Doesn't fit underwriting requirement   **8 – Other (please explain)**

_____

PLEASE PROVIDE ANY ADDITIONAL EXPLANATION AND EFFORTS TO PLACE THIS INSURANCE WITH AN ADMITTED INSURER THAT WOULD HELP SUPPORT THE NEED TO PLACE THE POLICY WITH A SURPLUS LINES COMPANY.

Agent's Name   _Agent's Signautre_   Date
 PRINT BROKER'S NAME   **SIGNATURE**   **DATE**

NSLA 105 7/01/99