1. PRODUCING BROKER INFORMATION	AFFIDAVIT NO.					
Name	License No. BR-					
Address	City State Zip Code					
	City State Zip Code					
2. RISK INFORMATION:						
Name of the Insured						
(The name of the insured mu affidavit and the declarations confirmation of coverage.	ist be precisely the same in this page, binder, cover note or					
3. DISCLOSURE INFORMATION						
Yes └_│ No └_│ Did you personally provide a to the insured as required by 41?	a written Notice of Excess Line Placement (Form: NELP/2011) y Section 2118 of the New York Insurance Law and Regulation					
4. DECLINATION INFORMATION						
	ermined that declinations are not required for this type of risk? N (a) IS "YES", SKIP QUESTIONS (b) AND (c) GO ON TOTHE					
request consistent with the r	an "Exempt Commercial Purchaser" that made a written requirements of New York Insurance Law Section TO QUESTION (b) IS "YES", SKIP QUESTION (c) GO ON TO ON.					
authorized in New York to w has reason to believe might involved; and (3) was such r	we submitted by the producing broker to companies: (1) each write coverages of the kind requested; (2) which the licensee consider writing the type of coverage or class of insurance risk declined by each such company? If the answer to ES", COMPLETE THE FOLLOWING SCHEDULE:					
AUTHORIZED COMPANIES DECLINING THE RISK						
1. Name of company NAIC Code	Date of Declin.:					
I believed this insurer would consider underwriting this risk because:						
Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.						
Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.						
Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.						
Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.						
Any other valid basis you can document.						

AFFI	IDAVIT NO.					
AUTHORIZED COMPANIES DECLINING THE RISK						
2.	Name of Company NAIC Code	Date of Declin.:				
I beli	eved this insurer would	d consider underwriting this risk because:				
	Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance. Advertising by the insurer or its agent indicating it entertains that type of risk/coverage. Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage. Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks. Any other valid basis you can document.					
3.	Name of Company NAIC Code	Date of Declin.:				
I beli	eved this insurer would	d consider underwriting this risk because:				
	Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance. Advertising by the insurer or its agent indicating it entertains that type of risk/coverage. Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage. Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks. Any other valid basis you can document.					
AFFIRMATION						
Ι, _		, am the licensee or sublicensee of the named broker				
in S	Section 1 of this	affirmation and I hereby affirm under penalties of perjury that all of the				
info	information contained herein is true to the best of my knowledge and belief.					
Sig	nature of Affiar	nt Date				

1. PRODUCING BROKER	INFORMATION AFFIDAVIT NO. Leave blank					
Retail Agent's Name Name	License No. BR- Retail Agent's Broker License					
Retail Agent's address						
Address	City State Zip Code					
2. RISK INFORMATION:						
Name of the Insured	Insured's Name/ Policy Name					
(The name of the insured must be precisely the same in this affidavit and the declarations page, binder, cover note or confirmation of coverage.						
3. DISCLOSURE INFORM	ATION					
V. V. N. C	Distance with the second of th					
Yes X No	Did you personally provide a written Notice of Excess Line Placement (Form: NELP/2011) to the insured as required by Section 2118 of the New York Insurance Law and Regulation 41?					
4. DECLINATION INFORM	IATION					
(a) Yes 🗌 No [Has the Superintendent determined that declinations are not required for this type of risk? IF ANSWER TO QUESTION (a) IS "YES", SKIP QUESTIONS (b) AND (c) GO ON TOTHE AFFIRMATION SECTION.					
(b) Yes 🗌 No [Does the insured qualify as an "Exempt Commercial Purchaser" that made a written request consistent with the requirements of New York Insurance Law Section 2118(b)(3)(F)? IF ANSWER TO QUESTION (b) IS "YES", SKIP QUESTION (c) GO ON TO THE AFFIRMATION SECTION.					
(c) Yes 🔀 No [Was the risk described above submitted by the producing broker to companies: (1) each authorized in New York to write coverages of the kind requested; (2) which the licensee has reason to believe might consider writing the type of coverage or class of insurance involved; and (3) was such risk declined by each such company? If the answer to QUESTION (c) above is "YES", COMPLETE THE FOLLOWING SCHEDULE:					
AUTHORIZED COMPANIES DECLINING THE RISK Note: The state requires three companies in order to stamp the policy						
	Name of admitted carrier who declined the risk NAIC# of admitted carrier Date of Declin.: Need full date ex: 01/01/2023					
I believed this insurer would c	onsider underwriting this risk because: Check one that applies					
Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.						
Advertising by the ins	urer or its agent indicating it entertains that type of risk/coverage.					
Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.						
	Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.					
	Any other valid basis you can document.					

AFFIDAVIT NO. Leave blank

AUTHORIZED COMPANIES DECLINING THE RISK

2.		admitted carrier	Date of Declin.: Need full date				
	NAIC Code NAIC# o	f admitted carrier					
l beli	I believed this insurer would consider underwriting this risk because: Check one that applies						
	Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance. Advertising by the insurer or its agent indicating it entertains that type of risk/coverage. Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage. Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks. Any other valid basis you can document.						
3.		admitted carrier dmitted carrier	Date of Declin.: Need full date				
l beli	I believed this insurer would consider underwriting this risk because: Check one that applies						
	Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.						
	Advertising by the insurer or	ts agent indicating it entertains th	that type of risk/coverage.				
	Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.						
	Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.						
	Any other valid basis you can document.						
	,	-					
AFFIRMATION							
Ι,	Retail Agent's name	, am the licen	nsee or sublicensee of the named broker				
in Section 1 of this affirmation and I hereby affirm under penalties of perjury that all of the							
information contained herein is true to the best of my knowledge and belief.							
Signature of Affiant Retail Agent's signature Date Date Date Date Signed							