

Mike DeWine,

Jon Husted,

Judith L. French.

Surplus Lines Statement

OPRAS Division (PC), 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215 614-644-2635 | Fax 614-728-1280 | insurance.ohio.gov

REASONS

NOTE: Form is to be returned to the broker or agent, not to Ohio Department of Insurance.

PART 1. STATEMENT OF SURPLUS LINE BROKER OR ORIGINATING AGENT

JOSE PEREZ DE CORCHO acknowledges that he/she is a duly licensed full multiple line agent currently licensed with insurance companies, other than life, authorized to do business in Ohio or he/she is a duly licensed surplus line broker pursuant to section 3905.30 of the Ohio Revised Code and that after due diligence, he/she is unable to procure the insurance policy described below from insurers authorized to do business in Ohio to which he/she is a licensed agent.

Property or risk to be insured: [Submission.LocationInformation.LocationAddress]

INCURERC

He/she acknowledges that he/she has complied with the applicable requirements of due diligence as set forth in section 3905.33 of the Ohio Revised Code, and has explained to the insured the meaning of the signed statements prior to binding coverage and received declinations for the reasons set forth below from the following authorized insurer(s) to which he/she is so licensed and which are known to him/her to customarily write the kind of insurance described above.

INSURERS	REASONS
1.	
2.	
2	
4	
5.	
Signature of Surplus Line Broker or Originating	Agent
PART 2. SIGNED STATEMENT OF INSURED AS I REVISED CODE	REQUIRED BY SECTION 3905.33 OF THE OHIO
	acknowledges that the insurance policy (other than life insurance) cany not authorized to do business in Ohio. The insured understands
Revised Code is not applicable to claimants or insureds	Insurance Guaranty Association and that Chapter 3955. of the Ohio of said insurance company. The surplus line broker shall collect nium for the insurance policy at the time the insurance policy is
Signature of Insured:	

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Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

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PART 1. STATEMENT OF SURPLUS LINE BROKER OR ORIGINATING AGENT

licensed with insurance companies, other than life, authorized line broker pursuant to section 3905.30 of the Ohio Revision 3905.30	ges that he/she is a duly licensed full multiple line agent currently brized to do business in Ohio or he/she is a duly licensed surplus sed Code and that after due diligence, he/she is unable to procure rized to do business in Ohio to which he/she is a licensed agent.	
Property or risk to be insured: Physical address or risk location		
3905.33 of the Ohio Revised Code, and has explained to	applicable requirements of due diligence as set forth in section the insured the meaning of the signed statements prior to binding forth below from the following authorized insurer(s) to which customarily write the kind of insurance described above.	
INSURERS	REASONS	
1. List five admitted carriers who declined coverage	(example: Type of risk is not available in the admitted market)	
2.		
3.		
4		
5		
Jose's signature		
Signature of Surplus Line Broker or Originating Agent		
PART 2. SIGNED STATEMENT OF INSURED AS REQUIRED BY SECTION 3905.33 OF THE OHIO REVISED CODE		
The named insured <a href="Insured" insuranc<="" insurance="" insured="" td="" ="">		
Signature of Insured: Insured's Signature		

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