SURPLUS LINES CERTIFIED DILIGENT SEARCH STATEMENT

NORTH DAKOTA INSURANCE DEPARTMENT
COMMISSIONER OF INSURANCE
SFN 4818 (10-2019)

Name of Licensed Surplus Lines Producer Signing the Form Jose Perez de Corcho	National Producer Number 604677
Name of Licensed Surplus Lines Producer Business Entity (If a business entity is involved) Overby - Seawell Company	License Number 604677
Name of Insured Insured's name / Policy name as shown on declarations page	Policy Number Policy number from declarations page

The insurance producer must read the following very carefully before signing.

I, the insurance producer signing this statement, state the following:

- That I am currently licensed as a surplus lines insurance producer under North Dakota statutes and I make this statement in regard to the coverage described in the accompanying filing for the above named insured.
- That:
  - The coverage is listed in Appendix I of Article 45-09 of the North Dakota Administrative Code, or
  - I have conducted a diligent search of the insurers admitted to do business in North Dakota and I was unable to procure the insurance from an admitted insurer.
- That in order to procure the required insurance for the insured, it has been necessary to place the coverage with an eligible surplus lines insurer or insurers meeting the requirements of N.D.C.C. § 26.1-44-03.
- That the coverage is not placed with an eligible surplus lines insurer, or insurers, solely to secure an advantage as to lower premium rates or as to the terms of the insurance contract.
- That the insured was expressly advised in writing prior to placement of the insurance that:
  - The surplus lines insurer with whom the insurance was to be placed is not licensed in North Dakota and is not subject to the state's supervision; and
  - In the event of the insolvency of the surplus lines insurer, losses will not be paid by the North Dakota Guaranty Association.
- That I am familiar with and have reviewed N.D.C.C. Chapter 26.1-44 and N.D. Administrative Code Chapter 45-09-01 and I have complied with the requirements of those laws.

By signing this statement I hereby certify that, under penalty of perjury, all of the information in this statement is true and the information in this form is correct. I am aware that submitting false information or omitting pertinent or material information to the North Dakota Insurance Department is grounds for license revocation and may subject me to civil or criminal penalties.

Signature of Licensed Surplus Lines Producer Jose's signature	Date Date signed