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
2 -- Age of building
3 -- Declined to quote
4 -- Doesn't fit underwriting requirement
5 – No Market
6 – No Prior Insurance
7 – Excessive claims
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**

NSLA 105 7/01/99