PART C – AFFIDAVIT BY PRODUCING BROKER

1. PRODUCING BROKER INFORMATION **AFFIDAVIT NO.** ☐

☐ License No. BR- ☐

Name

☐ ☐ ☐ ☐

Address City State Zip Code

2. *RISK INFORMATION:*

Name of the Insured ☐

(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 INFORMATION

Yes ☐ 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 INFORMATION

(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 TO THE 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

1. Name of company ☐ Date of Declin.: ☐
   NAIC Code ☐

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. _____

PART C – AFFIDAVIT BY PRODUCING BROKER

AFFIDAVIT NO. _____

AUTHORIZED COMPANIES DECLINING THE RISK

2. Name of Company _____ Date of Declin.: _____
NAIC Code _____

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. _____

3. Name of Company _____ Date of Declin.: _____
NAIC Code _____

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. _____

AFFIRMATION

I, _____ , am the licensee 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 _____ **Date** _____

PART C – AFFIDAVIT BY PRODUCING BROKER

1. PRODUCING BROKER INFORMATION **AFFIDAVIT NO.** Leave blank

Retail Agent's Name License No. BR- Retail Agent's Broker License #
Name

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 INFORMATION

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 INFORMATION

(a) Yes [ ] No [X] 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 TO THE AFFIRMATION SECTION.

(b) Yes [ ] No [X] 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 [X] 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

1. Name of company Name of admitted carrier who declined the risk Date of Declin.: Need full date ex: 01/01/2023
NAIC Code NAIC# of admitted carrier

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. _____

PART C – AFFIDAVIT BY PRODUCING BROKER

AFFIDAVIT NO. Leave blank

AUTHORIZED COMPANIES DECLINING THE RISK

2. Name of Company: Name of admitted carrier Date of Declin.: Need full date
   NAIC Code: NAIC# of admitted carrier

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. Name of Company: Name of admitted carrier Date of Declin.: Need full date
   NAIC Code: NAIC# of admitted carrier

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. _____

AFFIRMATION

I, Retail Agent's name **, am the licensee 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 signed