Form Number **SLPS-6-CERT-1** /__/__/__/__/__/__/ - /__/__/ - /__/__/__/__/__/__/
Transaction Number

STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE
SURPLUS LINES EXAMINING OFFICE
P.O. BOX 325
TRENTON, NEW JERSEY 08625-0325

CERTIFICATION OF EFFORT TO PLACE RISK WITH AUTHORIZED INSURER

This certification shall be submitted by the originating producer to the surplus lines agent, within 30 business days after the effectuation of any surplus lines insurance. The **original** of the certification must be maintained in the files of the surplus lines agent and a copy in the files of the producer and both must be available for inspection by the Commissioner for a period of at least five years.

Insured's name / Policy Name

(Name of Insured)

Insured's Address

(Address of Insured)

Insured's Location

(Location of Property or Risk)

Type of Coverage

(Insurance Coverage: Description and Amount)

//

Name of Producer

(Originating Producer – Corporate or partnership)

Name of Producer

(Originating Producer – Individual name and/or Title)

Producer Address

(Originating Producer – Complete Address)

The above hereby certifies that he/she is duly licensed as an insurance producer under the laws of New Jersey, and that: On or about Date, 20__, I was engaged by the insured named herein to procure insurance of the kind described herein and in the amount shown. I have made a diligent effort first to place this coverage with authorized insurers, each of which is authorized in New Jersey to write insurance of the kind requested and is an insurer that I had a good faith reason to believe might consider writing the type of coverage described herein.

Certification of Effort To Place Risk With Authorized Insurer (continued)

The following insurers are among those that I contacted relative to this risk, or to substantially similar risks within the past 30 days:

INSURER	REPRESENTATIVE	TELEPHONE NO.	DATE	RESULTS CODE*
Insurers Contacted	Representative	Phone Number	Date	
Insurers Contacted	Representative	Phone Number	Date	
Insurers Contacted	Representative	Phone Number	Date	

*Result Codes: (enter appropriate code(s) for each insurer listed above)

A. – Having made a diligent effort. I was unable to obtain an offer/quote from this authorized insurer in the admitted market, which declined to accept all or any part of the risk.

AND/OR

B. **--** Having made a diligent effort, the only offer (s)/ quote(s) obtained reflected such a substantial increase in premium over similar coverage placed within the preceding 12 months that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

AND / OR

C. **--** Having made a diligent effort. , the only offer (s)/ quote(s) obtained reflect(s) such a substantial reduction in coverage from coverage placed within the preceding 12 months for substantially similar premium that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties.

Date signed
(Date)

Insured's Signature
(Signature)

Amended by R.2005 d.104, effective April 4, 2005.
See: 36 N.J.R.2144(a), 37 N.J.R.1065(a).

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(Name of Insured)

(Address of Insured)

(Location of Property or Risk)

(Insurance Coverage: Description and Amount)

//

(Originating Producer – Corporate or partnership)

(Originating Producer – Individual name and/or Title)

(Originating Producer – Complete Address)

The above hereby certifies that he/she is duly licensed as an insurance producer under the laws of New Jersey, and that: On or about _____, 20__, I was engaged by the insured named herein to procure insurance of the kind described herein and in the amount shown. I have made a diligent effort first to place this coverage with authorized insurers, each of which is authorized in New Jersey to write insurance of the kind requested and is an insurer that I had a good faith reason to believe might consider writing the type of coverage described herein.

Certification of Effort To Place Risk With Authorized Insurer (continued)

The following insurers are among those that I contacted relative to this risk, or to substantially similar risks within the past 30 days:

INSURER	REPRESENTATIVE	TELEPHONE NO.	DATE	RESULTS CODE*

*Result Codes: (enter appropriate code(s) for each insurer listed above)

A. – Having made a diligent effort. I was unable to obtain an offer/quote from this authorized insurer in the admitted market, which declined to accept all or any part of the risk.

AND/OR

B. **--** Having made a diligent effort, the only offer (s)/ quote(s) obtained reflected such a substantial increase in premium over similar coverage placed within the preceding 12 months that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

AND / OR

C. **--** Having made a diligent effort. , the only offer (s)/ quote(s) obtained reflect(s) such a substantial reduction in coverage from coverage placed within the preceding 12 months for substantially similar premium that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties.

_____ _____

(Date) **(Signature)**

Amended by R.2005 d.104, effective April 4, 2005.
See: 36 N.J.R.2144(a), 37 N.J.R.1065(a).