

**PLEASE READ...**

# **INSTRUCTIONS FOR COMPLETING RHODE ISLAND AFFIDAVIT**

***To be completed by the Producing Agent:***

**PAGE 1 –**

The only section that should be completed is the declination of 3 Insurers and the name of the Officer or Producer that declined the risk.

**PAGE 2 –**

Affidavit by Insured should be completed. The bottom section of Page 2 will be completed by our Agency.

***\*Fax completed copy of the Affidavit at time of binding  
as we will not BIND coverage without it.***

**Questions or concerns should be directed to the Underwriter from our Agency who is assigned to this risk.**



# Department of Business Regulation

233 Richmond Street  
Providence, RI 02903

## Affidavit by Broker and Insured Form

### AFFIDAVIT BY BROKER

I \_\_\_\_\_ swear under penalty of perjury as follows. I am a Surplus Line Broker licensed pursuant to R.I. Gen. Laws §§ 27-3-1 *et seq.* with an office at: \_\_\_\_\_  
(street) (city or town) (state) (zip code)

The following information is true and correct and made in conjunction with my responsibilities as a licensed Surplus Line Broker.

On \_\_\_\_\_, 2\_\_\_\_, as a licensed Surplus Lines Broker, I was engaged by the insured named herein, either directly or by a licensed Rhode Island producer, to obtain insurance against the risk(s) described below. Said insured or his(her) producer was unable to obtain the required insurance with insurers licensed to transact business in the State of Rhode Island. A diligent effort has been made on behalf of the insured to procure the insurance from insurers licensed to insure these risks in the State of Rhode Island. The following insurers, licensed to write the type of insurance which is the subject of this affidavit within the State of Rhode Island, have declined the coverage referenced above (please note that the name of the officer of the insurer or the producer that declined risk must be identified):

Insurer	Name of Officer or Producer that Declined Risk
1.	_____
2.	_____
3.	_____

As a licensed Surplus Line Broker I have obtained the insurance from certain approved surplus lines insurer(s) as indicated at the bottom of the second page of this form.

I hereby certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Surplus Line Broker

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
Notary Public

**AFFIDAVIT BY INSURED**

I (We) \_\_\_\_\_ of

\_\_\_\_\_  
(street) (city or town) (state) (zip code)

swear under penalty of perjury as follows. On \_\_\_\_\_, 2\_\_\_\_, I(we) directed \_\_\_\_\_, a licensed Rhode Island insurance producer, to obtain insurance against the risk(s) as described below. He(she) informed me(us) that the required insurance could not be obtained from insurers licensed to transact business in the State of Rhode Island. He(she) informed me(us) that he(she) made a diligent effort to procure the insurance from licensed insurers, but was(were) unable to do so. I(we) therefore directed (my)our insurance producer to obtain said insurance from such approved Surplus Lines Insurers through the office of \_\_\_\_\_ a licensed Rhode Island Surplus Line Broker.

**NOTICE**

**THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.**

I hereby certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Insured

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
Notary Public

Risk(s) Insured: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Amount of Insurance: \_\_\_\_\_

Name and Address of Approved Surplus Lines Insurer(s): \_\_\_\_\_

Policy Number, Term and Expiration Date: \_\_\_\_\_

Premium: \_\_\_\_\_

Surplus Lines Broker License Number: \_\_\_\_\_