

Policy Number: _____
California Premium: _____

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2 and the California Export List that can be found at the following website for assistance in completing this form. http://www.slacal.org/broker_info/br_export_list.html

Please check ONE box only:

- The following information, **accompanied by a copy of the declarations page or certificate or binder**, is submitted for an insurance coverage or risk listed on the current California Department of Insurance Export List. (California Insurance Code Section 1763.1)

- The following information, **accompanied by a copy of the declarations page or certificate or binder, and a fully executed copy of the diligent search report (SL-2 Form)**, is submitted in accordance with California Insurance Code Section 1763(a).

1. _____ hereby submits that he/she is:

- (A) a duly licensed surplus lines broker, license number _____ or,
- (B) a transactor on the surplus line license of _____,
(Name of Organization)
- (C) _____ and,
(License Number)

that he/she or said organizational license was engaged by the insured, or the insured's broker, named herein, to obtain insurance against certain risk as described in this report.

2. **RISK DESCRIPTION**

- (A) Name of Insured _____
- (B) Address of Insured _____
(Street and Number)

(City) (State) (Zip Code)
- (C) Description of the Risk _____
(e.g. Laundromat, Liquor Store, -NOT TYPE OF COVERAGE)
- (D) Location of Risk _____
(Street and Number)

(City) (State) (Zip Code)
- (E) **Export List Code OR Coverage Code** _____
(Coverage Codes listed on Page Two; Export List Codes listed on the Export list)

3. **PLACEMENT DESCRIPTION**

List Nonadmitted Insurer(s) Underwriting This Policy with % of Premium. (Include an attachment if additional spaces needed or attach a line slip.) **If Gap Provision applies, please include GAP Exemption Form Attachment.**

<u>NAME OF NONADMITTED INSURER(S)</u>	<u>% OF PREMIUM</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Signature of Person Named on Line 1	Date

INSTRUCTIONS

WHAT MUST ACCOMPANY THE CONFIDENTIAL REPORT OF PLACEMENT

(A) If the insurance coverage or risk is currently listed on the California Export list, this Report must be accompanied by a copy of the declarations page or certificate or binder. (B) If the insurance coverage or risk is not listed on the California Export List, this Report must be accompanied by the declarations page or certificate or binder, and a fully completed Diligent Search Report (SL-2) Form. (California Insurance Code Section 1763(a))

Note: A copy of the current California Export List may be obtained from the SLA by phone at (415) 434-4900, or by fax to (415) 434-3716.

WHEN TO FILE: This report must be filed by the surplus line broker within 60 days of placing the insurance with a nonadmitted insurer. (California insurance Code Section 1763(a))

WHERE TO FILE: This report must be submitted to The Surplus Lines Association of California as designee for the California Insurance Commissioner. Mailing address is as follows: 50 California Street, 18th Floor, San Francisco, CA 94111.

LOWER RATE FILINGS: This report may not be used to file a risk placed with a nonadmitted insurer when such insurance is procured at a lower rate of premium or lower premium than the lowest rate or premium available from an admitted insurer. Please contact the Department of Insurance or The Surplus Line Association of California for information regarding the procedures applicable to such "lower rate" filings.

CODE – TYPE OF INSURANCE

050 Auto Liability – Private
051 Auto Liability – Commercial
100 Auto Physical Damage – Private
101 Auto Physical Damage – Commercial
150 Crime
151 Crime – Kidnap & Ransom
200 Combined Auto Liability & P.D. – Private
201 Combined Auto Liability & P.D. – Comm.
300 Excess Liability (Incl. Umbrella)
350 Fidelity & Surety Bonds – Bonds
351 Fidelity & Surety Bonds – Fidelity
400 Fire – Single Family Dwelling
401 Fire – Commercial
402 Fire – Homeowners
403 Fire – Homeowners Multiple Peril
404 Fire – Farm Owners Multiple Peril
414 Residential Earthquake
450 Inland Marine
500 General Liability
501 Gen. Liability – Pollution Legal Liability
502 Gen. Liability – Product Tampering

CODE – TYPE OF INSURANCE

510 Aviation
550 Errors & Omissions – All Others
551 Errors & Omissions – Dir. & Off.
600 Malpractice – All Other
606 Malpractice – Hospitals
650 Miscellaneous
651 Miscellaneous – Glass
652 Miscellaneous – Boiler & Machinery
653 Miscellaneous – Nuclear Risks
655 Miscellaneous – Political Risks**
700 Accident
701 Accident – Disability Income
702 Accident – Group Health Insurance
703 Accident – Individual Health Ins.
800 Garage Liability
980 Excess Workers Compensation
990 Commercial Property – All Risk
994 Commercial Property – Special Multi-Peril
996 Commercial Property – DIC***
997 Commercial Property – Earthquake***
998 Commercial Property – Terrorism
999 Comm. Property – Special Multi-Peril with Terrorism

**Coverage is currently on the Export List

***Coverage is currently on Export list under code 406