

# MISSISSIPPI

## AFFIDAVIT FOR SURPLUS LINES AUTHORITY

(In compliance of Section 83-2 1-23, Mississippi Code Annotated)

INSURED'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ MS ZIP: \_\_\_\_\_

NONADMITTED INSURANCE COMPANY NAME: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_ TYPE OF COVERAGE: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PREMIUM.....	_____
POLICY FEE.....	\$ _____
<b>SUBTOTAL.....</b>	<b>\$ _____</b>
SURPLUS LINES TAX (4%) ...	\$ _____
STAMPING FEE .....	\$ _____
<b>TOTAL.....</b>	<b>\$ _____</b>

### LIST LICENSED COMPANIES YOU ATTEMPTED TO PLACE COVERAGE WITH:

1) \_\_\_\_\_ 2) \_\_\_\_\_

The agent certifies that 1) diligent effort was made to procure coverage from insurance companies licensed by the Mississippi Insurance Department to operate in the state for the full amount of insurance required to protect the property, liability, or risk desired to be insured; 2) the amount of insurance procured from the eligible nonadmitted insurer or insurers is only the excess over the amount so procurable from licensed companies; and 3) this affidavit is filed upon compliance of all state laws. This affidavit is effective for the term of the policy and shall be filed with the Mississippi Surplus Lines Association with the report required in section 83-2 1-25 Mississippi Code Annotated.

Further, it is certified that the foregoing statements made in this affidavit accurately and truthfully describe the conditions and circumstances rendering placement of this insurance in an eligible nonadmitted insurance company a necessity.

### **COPY OF POLICY OR DECLARATION PAGE MUST BE FILED WITH THIS AFFIDAVIT.**

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent

Subscribed and sworn to before me this date:  
\_\_\_\_\_

Notary Public: \_\_\_\_\_  
MSLA1(7/00)