

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Rewrite
Customer ID #		
Policy Number		
Binder Number		

REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTION 1609 OF ARTICLE XVI, SURPLUS LINES, OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284, AS AMENDED

DECLARATION BY PRODUCER

Insured Name			
Insured Address	City	State	Zip
Location of Risk	City	State	Zip
<input type="checkbox"/> Check if same as the address above	<input type="checkbox"/> Check if more than one location of risk ("Various PA")		
Kind of Insurance			
Class of Operations			
Amount of Insurance	Property* \$	Casualty** \$	
Effective Dates (term) of Coverage	FROM	TO	

*Give TIV (Total Insured Value) for Property

**Give General or Policy Aggregate for Casualty

I declare under the penalties provided for perjury, that I have made a diligent effort to procure the insurance coverage described above from licensed insurers which are authorized to transact the kind of insurance involved and which provide, in the usual course of business, coverage comparable to the coverage being sought and have been unable to procure said insurance. Among the licensed insurers declining to insure this risk or declining the amount of insurance on this risk, are the following:

NAIC #	NAMES OF LICENSED COMPANIES	INSURERS' REPRESENTATIVES DECLINING RISK
1.		
2.		
3.		

I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producer, that:

The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.

ALL applicable provisions of ARTICLE XVI of the Insurance Company Law (40 P.S. §991.1601 et seq.) and Title 31 Pa. Code, Chapter 124 have been or will be complied with.

Producer _____
 Name: (Type or Print Name of Said Producer Signing Below)

Producer Agency _____
 Name: (Type or Print Name of Producer Agency)

Signature of Producer: _____
 (Signature of Said Producer IS REQUIRED)

Producer Agency #: _____
 (Use Agency Number NOT Individual Number)

Producer License #: _____
 (Use Individual Number NOT Agency Number Signing Above)

Date: _____