



Professional Liability/Medical Malpractice
Preferred • Standard • Non-Standard

303 Middletown Park Place • Suite F • Louisville, KY 40223
Nationwide 1 (800) 216-1056 • (502) 244-1056 • FAX (502) 254-1056
www.pbsinsurance.com • E-mail - pbs@pbsinsurance.com

WARNING - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

SURPLUS LINE RISK AFFIDAVIT

In order to comply with those provisions of the Illinois Insurance Code that pertain to Surplus Line Risks, the following affidavit must be completed by the Surplus Line Licensee or the referring broker.

Under no circumstances should you release the policy until the fully completed affidavit has been made.

STATE OF ILLINOIS

COUNTY OF _____

I, _____, being duly sworn do depose and say, that after diligent effort I am unable to procure policy or contract of
(Surplus Line Broker or Referring Broker)

(Type of Insurance) _____

(For) _____

(Situate) _____

The following companies and/or Agents have refused to write this risk:

Therefore, I offer this affidavit in order with the provisions of Section 445 (Surplus Line License) of the ILLINOIS INSURANCE CODE 1937, and with the Rules and Regulations pertaining to Surplus Line Business as promulgated by the Illinois Director of Insurance.

Agent _____

License Number _____

SUBSCRIBED and sworn to before me this _____ day of _____ A.D., _____

If the Surplus Lines Licensee is a corporation, the affidavit must be executed by an officer whose name appears on the license; If a partnership, it must be executed by a partner whose name appears on the license. If the affidavit is executed by a referring broker, his license number must be noted below his name.