SURPLUS LINES AFFIDAVIT

NORTH DAKOTA INSURANCE DEPARTMENT
COMMISSIONER OF INSURANCE
SFN 4818 (6-2012)

STATE OF _____)
)
COUNTY OF _____)

Licensed Surplus Lines Producer	License Number or NPN
Name of Insured	Policy Number

I, the above-named insurance producer, being first duly sworn on oath, depose and say:

That I am currently licensed as a surplus lines insurance producer under North Dakota statutes and make this affidavit regarding the coverage described on the attached report for the above-named insured.

That the coverage is listed in Appendix I of Article 45-09 of the North Dakota Administrative Code, or that a diligent search has been made of the admitted market and the insured is unable to procure the insurance from an admitted insurer.

That in order to procure the required insurance for the insured, it has been necessary to place the same within an eligible surplus lines insurer or insurers meeting the requirements of N.D.C.C. 26.1-44-03.

That the coverage is not placed with an eligible surplus lines insurer or insurers solely to secure an advantage as to lower premium rates or as to the terms of the insurance contract.

That the insured was expressly advised in writing prior to placement of the insurance that:

a) The surplus lines insurer with whom the insurance was to be placed is not licensed in this state and is not subject to the state's supervision; and

b) In the event of the insolvency of the surplus lines insurer, losses will not be paid by the North Dakota Guaranty Association.

_____
Signature of Licensed Surplus Lines Producer

Subscribed and Sworn to before me this _____ day of _____, _____.

_____
Notary Public