

Control No.

Surplus Lines Statement (Form SL-8)

State of Connecticut
Insurance Department (Rev. 07/2013)

1. Name and Address of Surplus Lines Broker CONTINENTAL AGENCY OF CT, INC. 105 SANFORD STREET, HAMDEN, CT 06514		
2. Producing Agent (not agency)	2a. CT License No.	
3. Agency Represented	3a. CT License No.	
4. Name and Location on Risk		
5a. Surplus Lines Insurer(s) and NAIC No.		
5b. Surplus Lines Insurer(s) and NAIC No.		
6. Kind of Insurance	6a. Limits	6b. Risk Description
7. Type of Policy <input type="checkbox"/> New Business or <input type="checkbox"/> Renewal		7b. Reason for Placement
8. Premium	8a. <input type="checkbox"/> Term Premium <input type="checkbox"/> Installment <input type="checkbox"/> Subject to Audit	8b. Policy Period
9. Does the undersigned broker have on file evidence of declination by three licensed insurers and ineligibility for any residual market mechanism per 38a-741 C.S.G? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exportable List		
9a. Broker Service Fee	9b. Producer Service Fee	

STATEMENT BY INSURED

I/We, the named insured, state that on _____, I/We directed the licensed producing agent named on this Surplus Lines Statement to obtain insurance coverage described herein; that I/We were informed by said producing agent that he/she made a diligent effort to place this risk with licensed insurers authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class as the risk described herein; and that said companies accepted only part of or no part of the required insurance.

I/We, were further informed by said producing agent that the amount of insurance indicated herein could be obtained from certain insurers not licensed to transact business in the State of Connecticut. I/We therefore directed the producing agent named herein to obtain said insurance through the office of the licensed Surplus Lines Broker named herein. I/We have been advised by the producing agent named herein that such insurance represents only the excess over the amounts procurable from licensed insurers or the Connecticut residual market. I/We have been advised that, in addition to commissions, I/We will be charged a service fee as set out in 9a and 9b.

Signature of Insured

STATEMENT BY SURPLUS LINES BROKER

I, as a licensed Surplus Lines Broker, authorized to transact insurance with the surplus lines insurer(s) named on this Surplus Lines Statement, depose and declare under the penalties provided for false statements that the diligent effort has been made to procure said insurance coverage from licensed insurers which are authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class described herein. This insurance has been procured with the surplus lines insurer(s) named on this Surplus Lines Statement, which insurance is only the excess over amounts procurable from licensed insurers.

Signature of Surplus Lines Broker

THE CONNECTICUT INSURANCE DEPARTMENT
REQUIRES THE NAMES OF THREE (3) COMPANIES
DECLINING TO WRITE THIS INSURANCE COVERAGE.

NAMED INSURED:

POLICY NUMBER:

Company Name Declining Coverage	Underwriter Name, Title, Location	Date Declined
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#1 _____

#2 _____

#3 _____

Signature of person
Completing form

Date form completed