

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.....	\$ _____
SUBTOTAL.....	\$ _____
SURPLUS LINES TAX (4%) ...	\$ _____
STAMPING FEE	\$ _____
TOTAL.....	\$ _____

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)