

PART C INSTRUCTIONS

1. Please make sure that the NY license number you enter at the top of the page begins with the prefix BR. This is the license that you are required to have in the state of NY to broker business.
2. All declining companies and NAIC numbers must be filled out completely. If the company does not appear on this list, it should not be listed on the PART C. <http://www.elany.org/LicensedNYInsurers/dcupdate.pdf> Please make sure that you reference this list when filling out your declining companies.
3. The FULL name of the representative declining the risk is required.
4. Please make sure that a box is selected in each section that requires it.
5. If the affidavit is filled out improperly, the state of NY will reject the filing. This may cause late fees to be charged to you. Please make sure the affidavit is filled out properly before submitting it.

PART C – AFFIDAVIT BY PRODUCING BROKER

AFFIDAVIT NO. _____

1. PRODUCING BROKER INFORMATION

| | | | |
|---------|------|-----------------|----------|
| Name | | License No. BR- | |
| Address | City | State | Zip Code |

2. RISK INFORMATION:

Name of the Insured _____

(The name of the insured must be precisely the same in this affidavit and the declarations page, binder, cover note or confirmation of coverage.)

3. DISCLOSURE INFORMATION

Yes No Did you personally advise the insured, that after a diligent effort to place the required insurance with companies authorized in New York to write coverage of the kind requested, all or a portion of the required insurance would be written by companies NOT authorized in New York.

4. DECLINATION INFORMATION

(a) Yes No Has the Superintendent determined that declinations are not required for this type of risk? IF ANSWER TO QUESTION (a) IS "YES", SKIP QUESTIONS (b) AND (c) GO ON TO THE AFFIRMATION SECTION.

(b) Yes No Was the risk described above submitted by the producing broker to companies: (1) each authorized in New York to write coverages of the kind requested; (2) which the licensee has reason to believe might consider writing the type of coverage or class of insurance involved; and, (3) was such risk declined by each such company?

(c) If the answer to (b) above is "Yes", COMPLETE THE FOLLOWING SCHEDULE:

AUTHORIZED COMPANIES DECLINING THE RISK

1. Name of company _____ Date of Declin.: _____
NAIC Code _____

The insurer declined to underwrite the risk because:

- Insurer presently lacks adequate capacity to write this risk.
- Specific underwriting reason.
- Other (Specify) _____

Affiliation of Representative: Company Employee Agent Other (specify) _____

Name of Representative Declining Risk

I believed this insurer would consider underwriting this risk because:

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. _____

PART C – AFFIDAVIT BY PRODUCING BROKER

AFFIDAVIT NO. _____

AUTHORIZED COMPANIES DECLINING THE RISK

2. Name of Company _____ Date Declin.: _____
NAIC Code _____

The insurer declined to underwrite the risk because:

1. Insurer presently lacks adequate capacity to write this risk.
2. Specific underwriting reason.
3. Other (Specify) _____

Affiliation of Representative: Company Employee Agent Other (specify) _____

Name of Representative Declining Risk

I believed this insurer would consider underwriting this risk because:

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. _____

3. Name of Company _____ Date Declin.: _____
NAIC Code _____

The insurer declined to underwrite the risk because:

1. Insurer presently lacks adequate capacity to write this risk.
2. Specific underwriting reason.
3. Other (Specify) _____

Affiliation of Representative: Company Employee Agent Other (specify) _____

Name of Representative Declining Risk

I believed this insurer would consider underwriting this risk because:

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. _____

AFFIRMATION

I, _____, am the licensee or sublicensee of the named broker

in Section 1 of this affirmation and I hereby affirm under penalties of perjury that all of the information contained herein is true to the best of my knowledge and belief.

Signature of Affiant _____ Date _____

NOTICE OF EXCESS LINE PLACEMENT

Date:

Consistent with the requirements of New York Insurance Law and Regulation 41 _____ is hereby advised that after a diligent effort to place the required insurance with companies authorized in New York to write coverages of the kind requested, all or a portion of the required coverages have been placed by _____ with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Insurance pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State Insolvency Fund.

TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges⁽¹⁾ and a service fee that includes taxes, stamping fees, and (if indicated) a fee⁽¹⁾ for compensation in addition to commissions received, and other expenses⁽¹⁾.

I further understand and agree that all fees, inspection charges and other expenses denoted by⁽¹⁾ are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

Re: Policy No. _____

Insurer

| | | | |
|---|--------------------------|----|--|
| Policy Premium | | \$ | |
| <u>Insurer Imposed Charges:</u> | | | |
| Policy Fees ⁽¹⁾ | | \$ | |
| Inspection Fees ⁽¹⁾ | | \$ | |
| Total Taxable Charges | | \$ | |
| <u>Service Fee Charges:</u> | | | |
| Excess Line Tax (3.60%) | | \$ | |
| Stamping Fee | | \$ | |
| Broker Fee ⁽¹⁾ | | \$ | |
| Inspection Fee ⁽¹⁾ | | \$ | |
| Other Expenses (specify) ⁽¹⁾ _____ | | \$ | |
| | Total Policy Cost | \$ | |

(Signature of Insured)

⁽¹⁾ = Fully earned

Co-Brokering Agreement

This agreement is effective the _____ day of _____, 20__, between
Kenneth E. Kukral and, _____
_____ (Broker) located at _____

_____ for the purposes of co-brokering insurance policy(s) for
(Insured) _____ located at

Kenneth E. Kukral and Broker (Hereinafter collectively referred to as
“Parties”) hereby agree as follows:

1. Broker represents that it holds and will maintain a valid insurance broker and/or producer license in every state in which it produces business for Kenneth E. Kukral
2. Broker will provide necessary documentation so that Kenneth E. Kukral may maintain a file on any specific account.
3. Kenneth E. Kukral will use the services of their affiliate company WillComply LLC to process any required surplus lines tax filings as required by that state.
4. Broker agrees to comply with submitting all required completed forms and will submit any tax payments or associated fees as outlined by Kenneth E. Kukral or WillComply.

Commission will be paid by Broker for their services as the co-broker on this account. Commission will be will be 1% of the premium or as outlined by WillComply and will be paid at the time the surplus lines filing is sent in to be processed.

Broker: _____

By: _____

Printed Name: _____

Date: _____

By: X _____

Printed Name: Kenneth E Kukral

Date: _____