

To: Insurance Commissioner

State of \_\_\_\_\_ (State insured is located in)

Insured Name: \_\_\_\_\_

Coverage Provided: \_\_\_\_\_

I \_\_\_\_\_ of \_\_\_\_\_  
(Producer/Agent) (Agency Name)

hereby certify that I have made diligent effort to place this insurance with companies admitted to write business in the state of \_\_\_\_\_ for this class. I am unable to place the full amount or kind of insurance with companies admitted to transact and who are actually writing the particular kind and class of insurance in this state. I am therefore placing this insurance in the **SURPLUS LINES MARKET**.

The Insured was expressly advised prior to placement of this insurance in the **SURPLUS LINES** market that:

- A. The Surplus Lines insurer with whom the insurance was placed is not licensed in this state and is not subject to its supervision.
- B. In the event of the insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.

Signature of Producing Agent: \_\_\_\_\_

Date: \_\_\_\_\_

**Carrier Declinations**

Carrier

Reason

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

## 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: \_\_\_\_\_