

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IN ORDER TO COMPLY WITH THOSE PROVISIONS OF THE ILLINOIS INSURANCE CODE THAT PERTAIN TO SURPLUS LINE RISKS, THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY THE SURPLUS LINE LICENSEE OR THE REFERRING BROKER.

UNDER NO CIRCUMSTANCES WILL THE POLICY BE RELEASED UNTIL THE FULLY COMPLETED AFFIDAVIT HAS BEEN MADE.

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**SURPLUS LINE RISK AFFIDAVIT**

**STATE OF ILLINOIS**

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, BEING DULY SWORN DO DEPOSE AND SAY, THAT AFTER DILIGENT EFFORT I AM UNABLE TO PROCURE POLICY OR CONTRACT OF:

(TYPE OF INSURANCE) \_\_\_\_\_

(FOR) \_\_\_\_\_

(SITUATE) \_\_\_\_\_

THE FOLLOWING COMPANIES AND/OR AGENTS HAVE REFUSED TO WRITE THIS RISK:

\_\_\_\_\_

\_\_\_\_\_

THEREFORE, I OFFER THIS AFFIDAVIT IN ORDER TO COMPLY WITH THE PROVISIONS OF SECTION 445 (SURPLUS LINE LICENSE) OF THE ILLINOIS INSURANCE CODE 1937, AND WITH THE RULES AND REGULATIONS PERTAINING TO SURPLUS LINE BUSINESS AS PROMULGATED BY THE ILLINOIS DIRECTOR OF INSURANCE.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., 20\_\_\_\_\_

\_\_\_\_\_

LICENSE # \_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC

IF THE SURPLUS LINE LICENSEE IS A CORPORATION, THE AFFIDAVIT MUST BE EXECUTED BY AN OFFICER WHOSE NAME APPEARS ON THE LICENSE: IF A PARTNERSHIP, IT MUST BE EXECUTED BY A PARTNER WHOSE NAME APPEARS ON THE LICENSE. IF THE AFFIDAVIT IS EXECUTED BY A REFERRING BROKER, HIS LICENSE NUMBER MUST BE NOTED BELOW HIS NAME.