



**COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
OFFICE OF REGULATION OF COMPANIES
BUREAU OF EXAMINATIONS
BUREAU OF LICENSING
AND FINANCIAL ANALYSIS**

ORIGINAL: 1988
BUSH
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FAX COVER SHEET

From FAX Number: (717) 787-8557

DATE: November 30, 1998

TO: Fiona Wilmarth, IRRC

FAX NUMBER: (717) 783-2664

FROM: Elaine Leitzel

RESPOND TO FAX NUMBER: _____
(Only if different from the number shown above)

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 4

If you experience difficulty receiving this FAX and need to contact the Operator shown below, please call (717) 787-2735.

OPERATOR: E. Leitzel

MESSAGE Forms required for surplus lines insurance (IRRC # 1988).

I have e mailed our responses to your questions sent to Pete on Nov. 25. Pete is out today, so feel free to call me at 787-8840 if you need anything further.

Mailing address for the Office of Regulation of Companies:
1345 Strawberry Square
Harrisburg, PA 17120

1609-PB (REV. 4/98)

ORIGINAL: 1988

THIS FORM TO BE INCLUDED WITH FORM 1609-SLL

COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT

REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH SECTION 1609 OF ARTICLE XVI SURPLUS LINES OF THE INSURANCE COMPANY LAW, ACT OF MAY 17, 1921, P.L. 682, NO. 284 AS AMENDED

<u>DECLARATION BY PRODUCING BROKER</u>		Transaction # _____
Name & Address of Insured: _____		
Location of Risk: _____		
Kind of Insurance: _____		
Amount of Insurance: <u>Property:</u> _____		<u>Casualty:</u> _____

I declare under the penalties provided for perjury, that I have made a diligent effort to procure the insurance coverage described above from licensed insurers which are authorized to transact the kind of insurance involved and which provide, in the usual course of business, coverage comparable to the coverage being sought and have been unable to procure said insurance. Among the licensed insurers declining to insure this risk or declining the amount of insurance on this risk, are the following:

NAIC #	NAMES OF LICENSED COMPANIES	INSURER'S REPRESENTATIVES DECLINING RISK
1.		
2.		
3.		

I further declare under the penalties provided for perjury, that the insured was advised in writing prior to placement of the insurance that:

"The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association."

Date: _____

Name of Producing Broker Agency

Broker License Number Below:

BL: _____
**ONLY LIST 9 DIGIT License # of INDIVIDUAL
BROKER SIGNING THIS DOCUMENT -
NOT AGENCY NUMBER**

By: _____
Signature of Said Producing Broker

Type or print name of Said Producing Broker
signing above

THIS FORM MAY BE REPRODUCED

Mail to:
PSLA Advisory
Exton Professional Building, Suite 313
319 North Pottstown Pike
Exton, PA 19341

ORIGINAL: 1988

**REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH
SECTIONS 1604, 1606, 1608 AND 1609 OF ARTICLE XVI SURPLUS LINES OF THE INSURANCE COMPANY LAW,
ACT OF MAY 17, 1921, P.L. 682, NO. 244, AS AMENDED**

DECLARATION BY SURPLUS LINES LICENSEE	Transaction # _____
Name & Address of Insured: _____	
Location of Risk: _____	
Kind of Insurance: _____	
Amount of Insurance: _____	Property: _____ Casualty: _____

With respect to the risk described above, I hereby declare under the penalties provided for perjury that I am not aware of how the requested coverage can be procured from licensed insurers. I have, therefore, effected the insurance described above with the following eligible surplus lines insurer(s):

Key number(s): _____	From eligible list dated: _____
Effective dates (term) of coverage FROM: _____	TO: _____
Premium Charged: _____	

I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producing broker, that:

The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.

Attached is FORM 1606-A as a portion of the risk has been assigned in accordance with Section 1606 to a non-admitted insurer not on the Pennsylvania Insurance Department's current list of eligible surplus lines insurers.

In compliance with Section 1604 (3), attached is a copy of the form or policy as it is a unique form or policy designed for the kind of insurance provided to the above risk.

All applicable provisions of ARTICLE XVI have been or will be complied with.

Date: _____

Name of Surplus Lines Agency/Agent

SL License #: _____
(INDIVIDUAL'S 7 DIGIT CERTIFICATE OF
ELIGIBILITY LICENSE NUMBER)

By: _____
Signature of CERTIFICATE OF
ELIGIBILITY Licensee IS REQUIRED

THIS FORM MAY BE REPRODUCED

Type or print name of CERTIFICATE OF
ELIGIBILITY Licensee signing above

1609-B (REV. 6/97)

Mail to:
PSLA Advisory
Exton Professional Building, Suite 313
319 North Pottstown Pike
Exton, PA 19341

COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT

ORIGINAL: 1988

**REPORT OF TRANSACTION WITH UNLICENSED INSURER(S) IN ACCORDANCE WITH
SECTIONS 1609(b) OF ARTICLE XVI, SURPLUS LINES, OF THE INSURANCE COMPANY LAW,
ACT OF MAY 17, 1921, P.L. 652, NO. 284, AS AMENDED**

DECLARATION BY SURPLUS LINES LICENSEE		Transaction # _____
Name & Address of Insured:	_____	
Location of Risk:	_____	
Kind of Insurance:	_____	
Amount of Insurance:	Property: _____	Casualty: _____

I declare under the penalties provided for perjury, that the insurance coverage described above has been placed continuously with an eligible surplus lines insurer for a period of at least three consecutive years immediately preceding the current placement.

I have, therefore, effected renewal (or replacement) of said prior existing coverage on the same subject of insurance with the following eligible surplus lines insurer(s):

Key number(s): _____	From eligible list dated: _____
Effective dates (term) of coverage FROM: _____	TO: _____
Premium Charged: _____	

I further declare under the penalties provided for perjury, that at the time of presenting a quotation to the insured, the insured was given notice in writing, either directly or through the producing broker, that:

The insurer with whom the insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the Department; and in the event of the insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association.

Attached is FORM 1606-A as a portion of the risk has been assigned in accordance with Section 1606 to a non-admitted insurer not on the Pennsylvania Insurance Department's current list of eligible surplus lines insurers.

In compliance with Section 1604 (3), attached is a copy of the form or policy as it is a unique form or policy designed for the kind of insurance provided to the above risk.

All applicable provisions of Article XVI have been or will be complied with.

Date: _____

Name of Surplus Lines Agency/Agent

SL License #: _____
(INDIVIDUAL'S 7 DIGIT CERTIFICATE OF
ELIGIBILITY LICENSE NUMBER)

By: _____
Signature of CERTIFICATE OF
ELIGIBILITY Licensee IS REQUIRED

THIS FORM MAY BE REPRODUCED

Type or print name of CERTIFICATE OF
ELIGIBILITY Licensee signing above