

THE SURPLUS LINE ASSOCIATION OF WASHINGTON RISK PURCHASING GROUP

To THE SURPLUS LINE ASSOCIATION OF WASHINGTON:

The following statement of insurance written in non-admitted insurers is hereby submitted in accordance with the Rules of the Surplus Line Association of Washington as a risk qualified under the terms of the Federal Law applying to Risk Purchasing Groups and the statutes, rules and regulations of the Insurance Commissioner of the State of Washington relative to surplus line insurance. A copy of the Declarations Page, Binder or Cover Note together with any other written documents are required to be submitted.

Policy or Certificate No. **Premium (add policy fee, if any) on which Taxes were Computed \$**

Multi-State Account with Washington as Home State

1. Name of filing Surplus Line Broker SLA Number:

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Individual Surplus Line Broker WAOIC#

2. Name and address of referring insurance producer (if any):
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3. Name(s) of unauthorized insurer(s):
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4. Full name of Risk Purchasing Group:
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5. Name and address of insured:
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6. Effective Date or Binding Date (whichever is later):

7. Brief statement of coverage (common trade terms may be used, e.g. D.I.C.):
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I have procured insurance from an unauthorized insurer or insurers, in accordance with the laws and regulations of the State of Washington under my surplus line broker's license. Details of such transactions are set forth above.

I certify that I am duly authorized to place this coverage on behalf of the insured, that the risk has been duly accepted by the insurer(s), and that the financial condition of the unauthorized insurer(s) before placing the insurance therewith meets or exceeds the financial requirements provided by law.

I certify that under the penalty of the suspension or revocation of my surplus line broker's license that the facts contained in this certification are true and correct.

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(Signature or Electronic Certification of Surplus Line Broker)

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(Date)