Property & Casualty
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Columbus, OH 43215-1067
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Ohio Department of Insurance
Ted Strickland – Governor
Mary Jo Hudson – Director

Surplus Lines Affidavit of Originating Agent

«policy_no»

PART 1. STATEMENT OF SURPLUS LINE BROKER OR ORIGINATING AGENT

_____ acknowledges that he/she is a duly licensed full multiple line agent currently licensed with insurance companies, other than life, authorized to do business in Ohio or he/she is a duly licensed surplus line broker pursuant to Section 3905.30 of the Ohio Revised Code and that after due diligence, he/she is unable to procure the insurance policy described below from insurers authorized to do business in Ohio to which he/she is a licensed agent.

Property or risk to be insured:_____

He/she acknowledges that he/she has complied with the applicable requirements of due diligence as set forth in Ohio Revised Code 3905.33, and has explained to the insured the meaning of the affidavits prior to binding coverage and received declinations for the reasons set forth below from the following authorized insurer(s) to which he/she is so licensed and which are known to him/her to customarily write the kind of insurance described above.

INSURERS	REASONS
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____

_____
Signature of Surplus Line Broker or Originating Agent

PART 2. AFFIDAVIT OF INSURED AS REQUIRED BY SECTION 3905.33 OF THE OHIO REVISED CODE

The named insured _____, being duly sworn, says and acknowledges that the insurance policy (other than life insurance) as described above is to be placed with an insurance company not authorized to do business in Ohio. The insured understands that the insurance company is not a member of the Ohio Insurance Guaranty Association and that Chapter 3955 of the Ohio Revised Code is not applicable to claimants or insureds of said insurance company. The surplus line broker shall collect the Ohio tax of five percent of the amount of the premium for the insurance policy at the time the insurance policy is delivered to the insured.

_____
Name of Insured

By:_____
Insured's Signature Name and Title

Sworn to before me and subscribed in my presence the __day of _____, _____.

My commission expires_____ _____
Signature of Notary