



Insurance Intermediaries  
Incorporated  
a Nationwide® company

## MASSACHUSETTS AFFIDAVIT INSTRUCTIONS FOR FORM BR-7

1. The **INSURED** completes and signs the first section, 'Affidavit by the Insured'. **NOTE:** At the I/We directed space, the name of the writing agent is listed here.
2. Section TWO is completed by the writing/field agent. This portion **MUST** be completed and signed by the original broker.
3. **DO NOT** complete section THREE
4. Questions should be directed to Jim Martin at extension x23864

AFFIDAVIT BY ASSURED

Affidavit # 20 \_\_\_\_\_

I/We \_\_\_\_\_ of \_\_\_\_\_ do hereby state that in \_\_\_\_\_, 20\_\_\_\_, I/We directed Insurance Intermediaries, Inc my/our Insurance Broker to obtain insurance against certain risks as described herein. My/Our Insurance Broker informed us that the required insurance could not be obtained from, or would not be written by, companies licensed or admitted to transact business in the Commonwealth of Massachusetts.

I/We, the Assured, was/were informed that the type and amount of insurance shown below could be obtained from certain insurers not admitted to transact business in the Commonwealth. I/We was/were further informed:

- A. *The surplus lines insurer with whom the insurance was placed is not licensed in this state and is not subject to Massachusetts regulations.*
- B. *In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund.*

Signature by Assured \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date: \_\_\_\_\_

**THIS PORTION MUST BE COMPLETED AND SIGNED BY THE ORIGINAL BROKER**

Name of Insured \_\_\_\_\_ Address \_\_\_\_\_  
Location of Property \_\_\_\_\_  
Description: \_\_\_\_\_  
Coverage: \_\_\_\_\_  
Limit: \_\_\_\_\_ Premium \_\_\_\_\_

I/We hereby verify that I/We explained the foregoing to the insured and it was acknowledged that he/she understood such.

SS/Fed. Tax ID \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of this affidavit must be kept in the original broker's file and a copy must be given to the assured at the time said copy was completed by him/her.

**AFFIDAVIT BY SPECIAL BROKER**

I, \_\_\_\_\_ of \_\_\_\_\_ in said county of \_\_\_\_\_ depose and say that I was engaged directly by the Assured named herein or informed by the Assured's Insurance licensed Agent/Broker that after diligent efforts, he/she is unable to procure in companies admitted to do business in this Commonwealth the amount and/or type of insurance necessary to protect the insurable interests described above. This Affidavit is made to comply with the requirements of Section 168 of Chapter 175 of the General Laws, and to authorize me as a licensed special insurance broker under said section to procure insurance for said insurable interests beyond that which companies admitted to do business in the Commonwealth are willing to write thereon. The following companies or groups are among those which have accepted all or part thereof:

Company	NAIC#	Policy #	Premium
_____	_____	_____	_____
_____	_____	_____	_____

Amendments to Affidavit: ( ) Increase ( ) Decrease

\_\_\_\_\_  
\_\_\_\_\_

I hereby verify the foregoing statements and declare that they were made under the penalties of perjury.

SS/Fed. Tax ID \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of this affidavit must be kept in the Special Brokers File and the original filed with the Division of Insurance of the Commonwealth of Massachusetts within *twenty days* following date of procurement.