

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Transaction Number

**STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE  
SURPLUS LINES EXAMINING OFFICE  
P.O. BOX 325  
TRENTON, NEW JERSEY 08625-0325**

**CERTIFICATION OF EFFORT TO PLACE RISK WITH AUTHORIZED INSURER**

This certification shall be submitted by the originating producer to the surplus lines agent, within thirty (30) business days after the effectuation of any surplus lines insurance. The **original** of the certification must be maintained in the files of the surplus lines agent and a copy in the files of the producer and both must be available for inspection by the Commissioner for a period of at least five years.

|   |
|---|
| Name of Insured:                            |
| Address of Insured:                         |
| Location of Property or Risk:               |
| Insurance Coverage:<br>Description & Amount |

|   |
|---|
| Originating Producer:<br>Corporate or Partnership     |
| Originating Producer:<br>Individual Name and/or Title |
| Originating Producer:<br>Complete Address             |

The above hereby certifies that he/she is duly licensed as an insurance producer under the laws of New Jersey, and that: On or about \_\_\_\_\_, 20\_\_, I was engaged by the insured named herein to procure insurance of the kind described herein and in the amount shown. I have made a diligent effort first to place this coverage with authorized insurers, each of which is authorized in New Jersey to write insurance of the kind requested and is an insurer that I had a good faith reason to believe might consider writing the type of coverage described herein.

**Certification of Effort To Place Risk With Authorized Insurer (continued)**

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The following insurers are among those that I contacted relative to this risk or to substantially similar risks within the past 30 days:

| Insurer | Representative | Telephone No. | Date | Result Code* |
|---------|----------------|---------------|------|--------------|
|         |                |               |      |              |
|         |                |               |      |              |
|         |                |               |      |              |

\*Result Codes: (enter appropriate code(s) for each insurer listed above)

**A.** -- Having made a diligent effort, I was unable to obtain an offer/quote from this authorized insurer in the admitted market, which declined to accept all or any part of the risk.

AND/OR

**B.** -- Having made a diligent effort, the only offer(s)/quote(s) obtained reflected such a substantial increase in premium over similar coverage placed within the preceding 12 months that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

AND/OR

**C.** -- Having made a diligent effort, the only offer(s)/quote(s) obtained reflect(s) such a substantial reduction in coverage from coverage placed within the preceding 12 months for substantially similar premium that comparable coverage is, as a practical matter, unavailable from this authorized insurer in the admitted market.

**I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties.**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Signature)**