

# PART C – AFFIDAVIT BY PRODUCING BROKER

AFFIDAVIT NO. \_\_\_\_\_

## AUTHORIZED COMPANIES DECLINING THE RISK

2. Name of Company \_\_\_\_\_ Date Declin.: \_\_\_\_\_  
NAIC Code \_\_\_\_\_

*The insurer declined to underwrite the risk because:*

1.  Insurer presently lacks adequate capacity to write this risk.
2.  Specific underwriting reason.
3.  Other (Specify) \_\_\_\_\_

Affiliation of Representative:  Company Employee  Agent  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Name of Representative Declining Risk

*I believed this insurer would consider underwriting this risk because:*

- Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.
- Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
- Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. \_\_\_\_\_

3. Name of Company \_\_\_\_\_ Date Declin.: \_\_\_\_\_  
NAIC Code \_\_\_\_\_

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1.  Insurer presently lacks adequate capacity to write this risk.
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Affiliation of Representative:  Company Employee  Agent  Other (specify) \_\_\_\_\_

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- Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
- Any other valid basis you can document. \_\_\_\_\_

## AFFIRMATION

I, \_\_\_\_\_, am the licensee or sublicensee of the named broker

in Section 1 of this affirmation and I hereby affirm under penalties of perjury that all of the information contained herein is true to the best of my knowledge and belief.

Signature of Affiant \_\_\_\_\_ Date \_\_\_\_\_