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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 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: Description and Amount)
///////////////////////////////////////
(Originating Producer – Corporate or partnership)
(Originating Producer – Individual name and/or Title)
(Originating Producer – 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

Certification of Effort To Place Risk With Authorized Insurer (continued) Page 2 of 3

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

Ī	NSURER	REPRESENTATIVE	TELEPHONE NO.	DATE	RESULTS CODE*					
*Resu	ılt Codes: (enter a	ppropriate code(s) for each	insurer listed above)							
Α.		a diligent effort. I was una c, which declined to accept a		te from this a	uthorized insurer in the					
	AND/OR									
В.	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.	reduction in co	e a diligent effort. , the overage from coverage plac omparable coverage is, as a	ced within the preceding	12 months f	for substantially similar					
I cert am av	tify that the fore ware that if any	egoing statements made of the statements are wil	by me are true to the b lfully false, I am subject	est of my kn t to civil and	owledge and belief. I criminal penalties.					
	(Date)		(5	Signature)						

Amended by R.2005 d.104, effective April 4, 2005. See: 36 N.J.R.2144(a), 37 N.J.R.1065(a).

 $L: \ Sections \setminus OSR \setminus Surplus \ Lines \setminus Forms \setminus SLPS-6-CERT-1-(2005). doc$

Certification of Effort To Place Risk With Authorized Insurer (continued) Page 3 of 3

The undersigned applicant has been advised by the undersigned originating insurance producer and understands that an insurance policy written by a surplus lines insurer is not subject to the filing or approval requirements of the New Jersey Department of Banking and Insurance. Such a policy may contain conditions, limitations, exclusions and different terms than a policy issued by an insurer granted a Certificate of Authority by the New Jersey Department of Banking and Insurance.

Applicant's Signature	
Applicant's Name (Print or Type)	
Date of Applicant's Signature	
Producer Signature	
Producer Name (Print or Type)	
Date of Producer Signature	
New Jersey Producer License Reference Numb	