

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:

<u>INSURER</u>	<u>REPRESENTATIVE</u>	<u>TELEPHONE NO.</u>	<u>DATE</u>	<u>RESULTS CODE*</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*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)

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

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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 Number