



SURPLUS LINE AFFIDAVIT
 NORTH DAKOTA INSURANCE DEPARTMENT
 COMMISSIONER OF INSURANCE
 SFN 4818 (12-2006)

STATE OF _____)
)
 COUNTY OF _____)

Name of Surplus Lines Producer

I, being first duly sworn on oath, depose and say:

THAT I am an insurance producer currently licensed under the North Dakota statutes for the kind of insurance required;

THAT the insured is unable, after diligent search, to procure the insurance from a company authorized to do business in this state; and

THAT in order to procure the required insurance for the insured, it has been necessary to place part/all of same in a company/companies not licensed in this state.

1. Name of Insured			
2. Address of Insured	City	State	Zip Code
3. D.B.A. - Name (If Different From Above)			
Address (If Different From Above)	City	State	Zip Code
4. Location and Description of Risk			
5. Amount of Coverage or Limit of Liability	6. Date of Application	7. Effective Date of Policy	
8. Term of Policy	9. Premium	10. Fees (if applicable)	
11. Surplus Lines Category Number. (If no category applicable, describe the risk in greater detail providing justification for the use of an unauthorized carrier. The description and justification should be set out on a separate sheet of paper attached to and incorporated into the affidavit if there is insufficient room below).			
12. Producer (If the Business is Placed With You by Someone Else)			
13. Name of Unauthorized Carrier Used			
Address	City	State	Zip Code
Signature of Surplus Lines Producer			

Subscribed and Sworn to before me this _____ day of _____, _____.

 Notary Public