PART C – AFFIDAVIT BY PRODUCING BROKER IG BROKER INFORMATION AFFIDAVIT NO.

1. PRODUCING BROKER INFORMATION AFFIDAVIT NO.		
Nome		License No. BR-
Name		
Address	City	State Zip Code
2. RISK INFORMATION:		
Name of the Insured		
	(The name of the insured must be precise affidavit and the declarations page, binder confirmation of coverage.)	
3. DISCLOSURE INFORMATION		
Yes No Did you personally provide a written Notice of Excess Line Placement (Form: NELP/2011) to the insured as required by Section 2118 of the New York Insurance Law and Regulation 41?		
4. DECLINATION INFORMAT	TION	
(a) Yes 🗌 No 🗍		declinations are not required for this type of risk? ", SKIP QUESTIONS (b) AND (c) GO ON TOTHE
(b) Yes 🗌 No 🗍	Does the insured qualify as an "Exempt Commercial Purchaser" that made a written request consistent with the requirements of New York Insurance Law Section 2118(b)(3)(F)? IF ANSWER TO QUESTION (b) IS "YES", SKIP QUESTION (c) GO ON TO THE AFFIRMATION SECTION.	
(c) Yes No	Was the risk described above submitted by the producing broker to companies: (1) each authorized in New York to write coverages of the kind requested; (2) which the licensee has reason to believe might consider writing the type of coverage or class of insurance involved; and, (3) was such risk declined by each such company? If the answer to QUESTION (c) above is "YES", COMPLETE THE FOLLOWING SCHEDULE:	
	RIZED COMPANIES DECLINING THE RISK	
Name of Company NAIC Code		Date of Declin.:
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)
	Na	me 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.		

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PART C – AFFIDAVIT BY PRODUCING BROKER AFFIDAVIT NO. **AUTHORIZED COMPANIES DECLINING THE RISK** Date Declin.: 2. Name of Company NAIC Code The insurer declined to underwrite the risk because: Insurer presently lacks adequate capacity to write this risk. 1 Specific underwriting reason. 2. 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. Name of Company Date Declin.: 3. NAIC Code The insurer declined to underwrite the risk because: Insurer presently lacks adequate capacity to write this risk. 1 Specific underwriting reason. 2. 3. Other (Specify) 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. **AFFIRMATION** 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