## STATE OF NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE SURPLUS LINES EXAMINING OFFICE P.O. BOX 325 TRENTON, NEW JERSEY 08625-0325

## SUPPLEMENTAL CERTIFICATION BY SURPLUS LINES AGENT FOR PROCEDUREMENT OF INSURANCE FROM INELIGIBLE UNAUTHORIZED INSURER

(Name of Insured)			
(Street Address)	(City or Town)	(State)	(Zip Code)
(Location of Property or Ris	k)		
(Street Address)	(City or Town)	(State)	(Zip Code)
(Insurance Coverage)	(Type of Coverage)	(Policy	Limits)
///////////////////////////////////////	///////////////////////////////////////	///////////////////////////////////////	///////////////////////////////////////
(Name of Surplus Lines Age	ent Representing Insured Above	e)	
(Title of Representative for C	Corporation or Partnership)		
(Name of Business, Corpora	tion or Partnership)		
(Street Address)	(City or Town)	(State)	(Zip Code)

The above named individual is duly licensed as an insurance producer with surplus lines authority pursuant to N.J.S.A. 17:22-1 et seq.

## SUPPLEMENTAL CERTIFICATION BY SURPLUS LINES AGENT FOR PROCEDUREMENT OF INSURANCE FROM INELIGIBLE AUTHORIZED INSURER (continued)

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	NAIC#	<u>ISI #</u>
1		
2		
3		
4		
Attach additional listings if needed.		
The named ineligible unauthorized insurer has depos N.J.S.A. 11:2-32, securities in the amount acceptable Commissioner for the benefit of New Jersey policy h	to the Commissioner,	
(I) (We) have procured from such ineligible un certified copy of its current annual statement of 6.45(h).		
(I) (We) do not know of this coverage (s) being companies in the admitted market.	g offered by companies	I represent or by other
(I) (We) certify that the foregoing statements m statements are willfully false, I am subjection		
		_
Name of Surplus Lines Agent		
By:		
(Signature)		