

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

Page 2 of 2

Name of Ineligible Unauthorized Insurer that business was placed with:

	<u>NAIC #</u>	<u>ISI #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Attach additional listings if needed.

The named ineligible unauthorized insurer has deposited with the Commissioner in accordance with N.J.S.A. 11:2-32, securities in the amount acceptable to the Commissioner, which are held by the Commissioner for the benefit of New Jersey policy holders; and

- (I) (We) have procured from such ineligible unauthorized insurer and filed with the Commissioner a certified copy of its current annual statement of financial condition in accordance with N.J.S.A. 17:22-6.45(h).
- (I) (We) do not know of this coverage (s) being offered by companies I represent or by other companies in the admitted market.
- (I) (We) certify that the foregoing statements made by me are true. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties.

Name of Surplus Lines Agent

By: _____
(Signature)