

**MISSISSIPPI DEPARTMENT OF INSURANCE
ELIGIBLE NONADMITTED INSURANCE FORM**

Miss. Code Ann. § 83-21-19 provides that certain insurance coverages that cannot be procured from admitted insurers may be procured from eligible nonadmitted insurers. Any licensed Mississippi surplus lines insurance producer procuring coverage from an eligible nonadmitted insurer must complete this form acknowledging that the coverage has been placed with an eligible nonadmitted insurer. After completion, this form must be retained by the surplus lines insurance producer as part of the insured's file, and may be subject to review by the Commissioner of Insurance at any time if the Commissioner deems such request advisable.

A licensed Mississippi surplus lines insurance producer is required to engage in a diligent effort to place the coverage with an admitted insurer. The signature of the producer appearing below shall serve as an attestation to the results of the diligent effort on the part of the producer. The licensed Mississippi surplus lines insurance producer is also required to expressly advise the insured that, in the event of the insolvency of the nonadmitted insurer, **CLAIMS OR LOSSES WILL NOT BE PAID BY THE MISSISSIPPI INSURANCE GUARANTY ASSOCIATION.**

LICENSED MISSISSIPPI SURPLUS LINES INSURANCE PRODUCER CERTIFICATION

As required by Miss. Code Ann. § 83-21-23, the surplus lines insurance producer signing below certifies that he or she engaged in a diligent effort to place the risk with an admitted company or companies. Please state in detail the reason for placing the coverage with an eligible nonadmitted insurer or insurers:

Name of Eligible Nonadmitted Insurer(s) from which the coverage was procured:

_____ [Nonadmitted Insurer's Name(s)]

Mississippi Surplus Lines Insurance Producer's Name: _____

Surplus Lines Insurance Producer's Mississippi License Number: _____

Insured's Name: _____

Policy or Binder Number: _____

Signature: _____ Date _____ Phone () _____
(Surplus Lines Insurance Producer)