



**Missouri Department of Insurance  
Financial Institutions and Professional Registration**

**Surplus Lines Declination Detail**

This form is to be used to document the efforts made by the surplus lines producer (and/or producing broker) to place insurance coverage concerned with an admitted insurer before approaching the surplus lines insurer. Pursuant to 200 CSR 200-6.500, identify three admitted insurers marketing the class of insurance that declined the risk.

**NAME OF INSURED:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

1.

**Admitted Insurer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Underwriter** \_\_\_\_\_

**Reason for Declination (enter code from bottom)** \_\_\_\_\_

2.

**Admitted Insurer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Underwriter** \_\_\_\_\_

**Reason for Declination (enter code from bottom)** \_\_\_\_\_

3.

**Admitted Insurer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Underwriter** \_\_\_\_\_

**Reason for Declination (enter code from bottom)** \_\_\_\_\_

**Reason for Declination Codes**

- |                                         |                           |
|-----------------------------------------|---------------------------|
| 1. Unacceptable Class of Business       | 5. No Market              |
| 2. Age of Building                      | 6. No Prior Insurance     |
| 3. Declined to Quote                    | 7. Excessive Claims       |
| 4. Doesn't Fit Underwriting Requirement | 8. Other (Please Explain) |

PLEASE PROVIDE ANY ADDITIONAL EXPLANATION AND EFFORTS TO PLACE THIS INSURANCE WITH AN ADMITTED INSURER THAT WOULD HELP SUPPORT THE NEED TO PLACE THE POLICY WITH A SURPLUS LINES COMPANY.

PRINT SURPLUS LINES LICENSEE AND/OR PRODUCING INSURANCE PRODUCER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_