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**WYOMING INSURANCE DEPARTMENT
122 WEST 25TH STREET, 3RD FLOOR EAST
CHEYENNE, WY 82002**

AFFIDAVIT OF SURPLUS LINES BROKER

Instructions: Complete sections A through D. This affidavit must be filed with the Insurance Commissioner within thirty (30) days after the insurance is effected, in accordance with Wyoming Statute '26-11-105.

Section A: General Information

Broker=s Licensed Name: _____

Name of Authorized Representative (if applicable): _____

Broker=s Address: _____

Telephone: _____

Insured=s Name:

Insured=s Address: _____

Type of Insurance Procured: _____

Name of Unauthorized Insurer: _____

Effective Date of Insurance Transaction: _____

Section B: Calculation of Surplus Lines Premium Tax

Line A. TOTAL DIRECT PREMIUM WRITTEN \$ _____

Line B. PREMIUM TAX DUE (Line A x .03) \$ _____

Do not send payment with this affidavit. Payment to be made with the Annual Statement due on

March 1st of each year.

Section C: Statement of Due Diligence

The above-named broker has made a diligent effort to place the coverage set forth above with an authorized insurer and no insurer authorized in Wyoming was able or willing to provide this coverage. This coverage was not exported for the purpose of securing more favorable rates or coverage benefits than would be available from an authorized insurer. List below three authorized companies with which broker attempted to place this business and the reasons the business was unacceptable:

Company Name

Reasons for Unacceptability

Company Name

Reasons for Unacceptability

Company Name

Reasons for Unacceptability

SECTION D: Affidavit of Broker

STATE OF _____)

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COUNTY OF _____)

I, the surplus lines broker listed above, do hereby swear or affirm that I have procured the surplus lines coverage set forth above and that the information provided herein is true and correct to the best of my knowledge and belief.

Broker or Authorized Representative

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____