

DISCLOSURE TO SURPLUS LINE INSURED

FORM SL-3

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS BEEN INFORMED THAT THE INSURANCE RISK FOR WHICH HE/SHE DESIRES COVERAGE HAS BEEN PLACED PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT HE/SHE UNDERSTANDS THAT THE INSURANCE COMPANY'S RATES AND FORMS ARE NOT SUBJECT TO REVIEW BY THE ARKANSAS INSURANCE DEPARTMENT; THAT THE PROTECTION OF THE ARKANSAS PROPERTY AND CASUALTY GUARANTY ACT DOES NOT APPLY TO THE POLICY WRITTEN PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT A TAX OF 4% IS REQUIRED BY LAW TO BE COLLECTED ON ALL SURPLUS LINE INSURANCE PREMIUMS.

DATE

SIGNATURE OF INSURED

FIRM REPRESENTED, IF APPLICABLE

Address

Telephone Number

Email Address

(REV. 4/06)

Statement of Diligent Effort

Name of Agency: _____
(Full Name of Agency Required)

Has sought to obtain the following type of coverage (include all lines of coverage):

For Named Insured: _____

From the following authorized insurers currently writing this type of coverage in the state of:

1. Authorized Insurer: _____ NAIC #: _____
 - a. Person Contacted: _____
 - b. Telephone Number: _____ Date of Contact: _____
 - c. The reasons for declination by the insurer were as follows:

2. Authorized Insurer: _____ NAIC #: _____
 - a. Person Contacted: _____
 - b. Telephone Number: _____ Date of Contact: _____
 - c. The reasons for declination by the insurer were as follows:

3. Authorized Insurer: _____ NAIC #: _____
 - a. Person Contacted: _____
 - b. Telephone Number: _____ Date of Contact: _____
 - a. The reasons for declination by the insurer were as follows:

****Please note the NAIC # is required for the following states: Indiana and Tennessee.***

Signature of Producing Agent: _____

Printed Name of Producing Agent: _____

License # of Producing Agent: _____ State: _____