To: Insurance Commissioner	
State of	(State insured is located in)
Insured Name:	
Coverage Provided:	
I of	(Approx. Name)
hereby certify that I have made diligent effort	
admitted to write business in the state of	for this class. I am unable
to place the full amount or kind of insurance v	with companies admitted to transact and
who are actually writing the particular kind ar	nd class of insurance in this state. I am
therefore placing this insurance in the SURPI	LUS LINES MARKET.
this state and is not subject to its super	the insurance was placed is not licensed in vision.  URPLUS LINES insurer, losses will not be
Signature of Producing Agent:	
Date:	
Carrier Declinations	
Carrier	Reason
1	1
2	2
3	3