Form Number **SLPS-8-AFF3**

/__/__/__/__/__/ - /__/__/ - /__/__/__/__/__/
Transaction Number

STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE
SURPLUS LINES EXAMINING OFFICE
P.O. BOX 325
TRENTON, NEW JERSEY 08625-0325

SUPPLEMENTAL CERTIFICATION BY SURPLUS LINES AGENT FOR PROCUREMENT OF INSURANCE FROM INELIGIBLE UNAUTHORIZED INSURER

_____
(Name of Insured)

_____
(Street Address) (City or Town) (State) (Zip Code)

_____
(Location of Property or Risk)

_____
(Street Address) (City or Town) (State) (Zip Code)

_____
(Insurance Coverage) (Type of Coverage) (Policy Limits)

//

_____
(Name of Surplus Lines Agent Representing Insured Above)

_____
(Title of Representative for Corporation or Partnership)

_____
(Name of Business, Corporation or Partnership)

_____
(Street Address) (City or Town) (State) (Zip Code)

The above named individual is duly licensed as an insurance producer with surplus lines authority pursuant to N.J.S.A. 17:22-1 et seq.

Name of Ineligible Unauthorized Insurer that business was placed with:

	<u>**NAIC #**</u>	<u>**ISI #**</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Attach additional listings if needed.

The named ineligible unauthorized insurer has deposited with the Commissioner in accordance with N.J.S.A. 11:2-32, securities in the amount acceptable to the Commissioner, which are held by the Commissioner for the benefit of New Jersey policy holders; and

(I)   (We) have procured from such ineligible unauthorized insurer and filed with the Commissioner a certified copy of its current annual statement of financial condition in accordance with N.J.S.A. 17:22-6.45(h).

(I)   (We) do not know of this coverage (s) being offered by companies I represent or by other companies in the admitted market.

(I)   (We) certify that the foregoing statements made by me are true. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties.

_____

Name of Surplus Lines Agent

By: _____
      (Signature)