

Mike DeWine, Governor Jon Husted, Lt Governor Judith L. French, Director

## **Surplus Lines Statement**

OPRAS Division (PC), 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215 614-644-2635 | Fax 614-728-1280 | insurance.ohio.gov

NOTE: Form is to be returned to the broker or agent, not to Ohio Department of Insurance.

## PART 1. STATEMENT OF SURPLUS LINE BROKER OR ORIGINATING AGENT

licensed with insurance companies, other than life, authorized line broker pursuant to section 3905.30 of the Ohio Revision 3905.30	ges that he/she is a duly licensed full multiple line agent currently brized to do business in Ohio or he/she is a duly licensed surplus sed Code and that after due diligence, he/she is unable to procure brized to do business in Ohio to which he/she is a licensed agent.
Property or risk to be insured:	
3905.33 of the Ohio Revised Code, and has explained to	e applicable requirements of due diligence as set forth in section the insured the meaning of the signed statements prior to binding forth below from the following authorized insurer(s) to which customarily write the kind of insurance described above.
INSURERS	REASONS
1	
2	
3	
4	
5	
Signature of Surplus Line Broker or Originating  PART 2. SIGNED STATEMENT OF INSURED AS REVISED CODE	
than life insurance) as described above is to be placed w The insured understands that the insurance company is no Chapter 3955. of the Ohio Revised Code is not applic	, acknowledges that the insurance policy (other rith an insurance company not authorized to do business in Ohio. ot a member of the Ohio Insurance Guaranty Association and that table to claimants or insureds of said insurance company. The cent of the amount of the premium for the insurance policy at the
Signature of Insured:	

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