## PART C – AFFIDAVIT BY PRODUCING BROKER

AFFIDAVIT NO.
1. PRODUCING BROKER INFORMATION
License No. BR-
Name
Address City State Zip Code
2. RISK INFORMATION:
Name of the Insured
(The name of the insured must be precisely the same in this affidavit and the declarations page, binder, cover note or confirmation of coverage.
3. DISCLOSURE INFORMATION
Yes  No Did you personally advise the insured, that after a diligent effort to place the required insurance with companies authorized in New York to write coverage of the kind requested, all or a portion of the required insurance would be written by companies NOT authorized in New York.
4. DECLINATION INFORMATION
(a) Yes ☐ No ☐ Has the Superintendent determined that declinations are not required for this type of risk? IF ANSWER TO QUESTION (a) IS "YES", SKIP QUESTIONS (b) AND (c) GO ON TO THE AFFIRMATION SECTION.
(b) Yes \( \sum \) No \( \sum \) Was the risk described above submitted by the producing broker to companies: (1) each authorized in New York to write coverages of the kind requested; (2) which the licensee has reason to believe might consider writing the type of coverage or class of insurance involved; and, (3) was such risk declined by each such company?
(c) If the answer to (b) above is "Yes", COMPLETE THE FOLLOWING SCHEDULE:
AUTHORIZED COMPANIES DECLINING THE RISK
1. Name of company Date of Declin.:
NAIC Code The insurer declined to underwrite the risk because:
1. Insurer presently lacks adequate capacity to write this risk.
<ul> <li>2.  ☐ Specific underwriting reason.</li> <li>3. ☐ Other (Specify)</li> </ul>
Affiliation of Representative:   Company Employee   Agent   Other (specify)
Name of Representative Declining Risk
I believed this insurer would consider underwriting this risk because:  Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.
☐ Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks.
Any other valid basis you can document.

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AFFIDAVIT NO
AUTHORIZED COMPANIES DECLINING THE RISK
2. Name of Company Date Declin.:
NAIC Code The insurer declined to underwrite the risk because:
Insurer presently lacks adequate capacity to write this risk.
2. Specific underwriting reason.
3. ☐ Other (Specify)  Affiliation of Representative: ☐ Company Employee ☐ Agent ☐ Other (specify)
Name of Representative Declining Risk I believed this insurer would consider underwriting this risk because:
Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.
☐ Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage.
Communications with other professionals, such as brokers, agents, risk managers, insurance
department or ELANY Personnel indicating the insurer entertains such risks.
Any other valid basis you can document.
3. Name of Company Date Declin.:
The insurer declined to underwrite the risk because:
<ol> <li>Insurer presently lacks adequate capacity to write this risk.</li> <li>Specific underwriting reason.</li> </ol>
3. Other (Specify)
Affiliation of Representative:   Company Employee   Agent   Other (specify)
Name of Representative Declining Risk
I believed this insurer would consider underwriting this risk because:
Recent acceptance by the insurer of a risk, requiring that type of coverage or class of Insurance.  Advertising by the insurer or its agent indicating it entertains that type of risk/coverage.
Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will
underwrite that type of coverage.
☐ Communications with other professionals, such as brokers, agents, risk managers, insurance
department or ELANY Personnel indicating the insurer entertains such risks.
Any other valid basis you can document.
AFFIRMATION
I,, am the licensee or sublicensee of the named broker
in Section 1 of this affirmation and I hereby affirm under penalties of perjury that all of the
information contained herein is true to the best of my knowledge and belief.
Signature of Affiant Date