

Control No.

Surplus Lines Statement (Form SL-8)

State of Connecticut
Insurance Department (Rev. 07/2013)

1. Name and Address of Surplus Lines Broker Diane Leshner, 13790 E Rice Pl, Aurora CO 80015		
2. Producing Agent (not agency) Diane Leshner	2a. CT License No. 2097566 Producer/2291124 Surplus Lines	
3. Agency Represented Equisure Inc	3a. CT License No. 2426327	
4. Name and Location on Risk		
5a. Surplus Lines Insurer(s) and NAIC No. Underwriters, Lloyds London AA-1122000		
5b. Surplus Lines Insurer(s) and NAIC No.		
6. Kind of Insurance General Liability	6a. Limits \$2,000,000	6b. Risk Description Dog Club Activities
7. Type of Policy <input type="checkbox"/> New Business or <input type="checkbox"/> Renewal	7b. Reason for Placement Unable to find market for the risk.	
8. Premium \$340.00	8a. <input checked="" type="checkbox"/> Term Premium <input type="checkbox"/> Installment <input type="checkbox"/> Subject to Audit	8b. Policy Period
9. Does the undersigned broker have on file evidence of declination by three licensed insurers and ineligibility for any residual market mechanism per 38a-741 C.S.G? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exportable List		
9a. Broker Service Fee \$0.00	9b. Producer Service Fee \$196.40	

STATEMENT BY INSURED

I/We, the named insured, state that on _____, I/We directed the licensed producing agent named on this Surplus Lines Statement to obtain insurance coverage described herein; that I/We were informed by said producing agent that he/she made a diligent effort to place this risk with licensed insurers authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class as the risk described herein; and that said companies accepted only part of or no part of the required insurance.

I/We, were further informed by said producing agent that the amount of insurance indicated herein could be obtained from certain insurers not licensed to transact business in the State of Connecticut. I/We therefore directed the producing agent named herein to obtain said insurance through the office of the licensed Surplus Lines Broker named herein. I/We have been advised by the producing agent named herein that such insurance represents only the excess over the amounts procurable from licensed insurers or the Connecticut residual market. I/We have been advised that, in addition to commissions, I/We will be charged a service fee as set out in 9a and 9b.

Signature of Insured

STATEMENT BY SURPLUS LINES BROKER

I, as a licensed Surplus Lines Broker, authorized to transact insurance with the surplus lines insurer(s) named on this Surplus Lines Statement, depose and declare under the penalties provided for false statements that the diligent effort has been made to procure said insurance coverage from licensed insurers which are authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class described herein. This insurance has been procured with the surplus lines insurer(s) named on this Surplus Lines Statement, which insurance is only the excess over amounts procurable from licensed insurers.

Signature of Surplus Lines Broker