Instructions on completing the New York Part C Affidavit

These are instructions on how the New York Stamping Office (ELANY) and the New York Department of Financial Services (NYDFS) require the New York Part C affidavit to be completed by ALL Brokers

1. Producing Broker Information
   a. The name MUST be the name that is on the Broker license along with the address.

2. Risk Information
   a. The Name of the Insured must be the full & complete name of Insured

3. Disclosure Information
   a. Check the Box “Yes”

4. Declination Information (Check boxes as indicated)
   a. No
   b. No
   c. Yes

The following must be provided for the three Authorized Companies which declined the risk NOTE: If the risk is listed on attached ELANY list, no declinations are necessary.

   a. The date of declination; month /day/year,
   b. Company name
   c. Company NAIC code (To find code, go to eapps.naic.org/cis/ )
   d. Reasons for declination-Check the appropriate box.

Affiliation of Representative

   a. The first and last name of the person who declined the risk.
   b. The person’s affiliation with the insurer, employee, agent, or other (specify)
   c. The “reason to believe” the insurer would write the risk - check appropriate box.
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Note: The New York Department of Financial Services has not approved “Online Declinations”.

Affirmation Section

1. If the broker license is in the name of the agency as listed in section 1, the signature of affiant must be a sub licensee of the agency. The date that the affirmation is signed must be included.

2. If the broker license is in the name of an individual as listed in section 1 then the signature of affiant must be the name of the licensed broker as listed in section 1. The date that the affirmation is signed must be included.

Notice of Excess Line Placement

1. First blank is filled in with the name of the insured.
2. Second blank is filled in with the name of the Agency.
3. All policy premium and fees information must be filled in on bottom of form including total policy cost. (This information can be found on the quote).
4. The insured must sign this form.

Please contact Roticia Shaw with questions at 800-444-1744 ext 4295258 or email at iiicmpl@nationwide.com
PART C – AFFIDAVIT BY PRODUCING BROKER

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 provide a written Notice of Excess Line Placement (Form: NELP/2011) to the insured as required by Section 2118 of the New York Insurance Law and Regulation 41?

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 □ No □ Does the insured qualify as an “Exempt Commercial Purchaser” that made a written request consistent with the requirements of New York Insurance Law Section 2118(b)(3)(F)? IF ANSWER TO QUESTION (b) IS “YES”, SKIP QUESTION (c) GO ON TO THE AFFIRMATION SECTION.

(c) Yes □ No □ 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? IF ANSWER TO QUESTION (c) ABOVE IS “YES”, COMPLETE THE FOLLOWING SCHEDULE:

AUTHORIZED COMPANIES DECLINING THE RISK

1. Name of company __________

   NAIC Code __________

   Date of Declin.: __________

   The insurer declined to underwrite the risk because:
   1. □ 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.

NYSID Form 41C - W (Ed. July 2011) Page 1 of 2
PART C – AFFIDAVIT BY PRODUCING BROKER

AFFIDAVIT NO. ____________________________

AUTHORIZED COMPANIES DECLINING THE RISK

2. Name of Company ____________________________ Date Declin.: ____________
   NAIC Code ____________________________

   The insurer declined to underwrite the risk because:
   1. ☐ 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.: ____________
   NAIC Code ____________________________

   The insurer declined to underwrite the risk because:
   1. ☐ 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. ____________________________________________________________

______________________________________________________________________________________________

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 ____________________________
NOTICE OF EXCESS LINE PLACEMENT

Date:

Consistent with the requirements of the New York Insurance Law and Regulation 41 __________________________ is hereby advised th at all or a portion of the required coverages have been placed by __________________________ with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:

a) A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested; or
b) NO diligent effort was required because i) the coverage qualifies as an “Export List” risk, or ii) the insured qualifies as an “Exempt Commercial Purchaser.”

Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Insurance pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges(1) and a service fee that includes taxes, stamping fees, and (if indicated) a fee(1) for compensation in addition to commissions received, and other expenses(1).

I further understand and agree that all fees, inspection charges and other expenses denoted by(1) are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

Re: Policy No. Insurer

Policy Premium $

Insurer Imposed Charges:
Policy Fees (1) $
Inspection Fees (1) $__________________
Total Taxable Charges $

Service Fee Charges:
Excess Line Tax (3.60%) $
Stamping Fee $
Broker Fee (1) $
Inspection Fee (1) $
Other Expenses (specify) (1) __________________________ $

Total Policy Cost $ ___________________

(Signature of Insured)

(1) = Fully earned

NYSID Form: NELP/2011