

TO: INSURANCE COMMISSIONER  
STATE OF OREGON



INSURED NAME: \_\_\_\_\_

COVERAGE PROVIDED: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(print name of producing agent) (print agency name)

Agency hereby certify that I have made a diligent effort to place this insurance with companies admitted to write business in Oregon for this class. I am unable to place the full amount or kind of insurance with companies admitted to transact and who are actually writing the particular kind and class of insurance in this state. I am therefore placing this insurance in the SURPLUS LINES MARKET.

The Insured was expressly advised prior to placement of this insurance in the SURPLUS LINES MARKET that:

- A. The Surplus Lines insurer with whom the insurance was placed is not licensed in this state and is not subject to its supervision.
- B. In the event of the insolvency of the SURPLUS LINES insurer, losses will not be paid by the STATE INSURANCE GUARANTY FUND.

Signature of Producing Agent \_\_\_\_\_

Date \_\_\_\_\_