


NEVADA SURPLUS LINES ASSOCIATION DILIGENT SEARCH STATEMENT

To: Insurance Commissioner, State of Nevada
Insured Name: _____
Policy Number: _____
Policy Period Dates: _____
Type of Coverage Placed: _____

I have determined that, as per the definition as stated in the federal *Nonadmitted and Reinsurance Reform Act of 2010 Section 527*, Nevada is the "home state" for this policy.

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 insolvency of the **SURPLUS LINES INSURER**, losses will not be paid by the **NEVADA INSURANCE GUARANTY ASSOCIATION**.

 Select (check) Statement 1 **OR** Statement 2:

Statement 1:

I hereby certify that I have made a diligent effort to place this insurance with at least three insurers admitted to write business in Nevada for this class. I am unable to place the full amount or kind of insurance with insurers 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**.

Statement 2:

I have determined that, as per the definition as stated in the *Nonadmitted and Reinsurance Reform Act of 2010 Section 527*, this insured is an **EXEMPT COMMERCIAL PURCHASER**, that the requirements as set forth in the federal *Nonadmitted and Reinsurance Reform Act of 2010 Section 525* have been complied with, and that this policy placement is exempt from the diligent search requirement.

Name of Producing Broker: _____
Signature of Producing Broker: _____
Name of Agency: _____
Date Signed: _____