## PART C – AFFIDAVIT BY PRODUCING BROKER

1. PRODUCING BROKER INFORMATION	AFFIDAVIT NO.			
		License No. BR-		
Name				
Address	City	State Zip Code		
2. RISK INFORMATION:				
Name of the Insured				
	f the insured must be precisely the sa the declarations page, binder, cover of coverage.			
3. DISCLOSURE INFORMATION				
		ccess Line Placement (Form: NELP/2011) New York Insurance Law and Regulation		
4. DECLINATION INFORMATION				
IF ANSWER		tions are not required for this type of risk? QUESTIONS (b) AND (c) GO ON TOTHE		
request con 2118(b)(3)(I	sured qualify as an "Exempt Comme sistent with the requirements of New F)? IF ANSWER TO QUESTION (b) MATION SECTION.			
authorized i has reason involved; an	n New York to write coverages of the			
AUTHORIZED COMPANIES DECLINING THE RISK				
1. Name of company NAIC Code		Date of Declin.:		
I believed this insurer would consider underwrit	ing 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				
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AFFIRMATION				
in S	Section 1 of this	, am the licensee or sublicensee of the named broker affirmation and I hereby affirm under penalties of perjury that all of the ed herein is true to the best of my knowledge and belief.		
Sig	Signature of Affiant Date			