

Jon Husted, Lt Governor

Mike DeWine, Governor Jillian Froment, Director

Surplus Lines Statement

OPRAS-P&C Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215 614-644-2635 | Fax 614-728-1280 | insurance.ohio.gov

NOTE: Form is to be returned to the broker or agent, not to Ohio Department of Insurance.

PART 1. STATEMENT OF SURPLUS LINE BROKER OR ORIGINATING AGENT

acknowled	lges that he/she is a duly licensed full multiple line agent currently
line broker pursuant to section 3905.30 of the Ohio Rev	norized to do business in Ohio or he/she is a duly licensed surplus vised Code and that after due diligence, he/she is unable to procure orized to do business in Ohio to which he/she is a licensed agent.
Property or risk to be insured:	
3905.33 of the Ohio Revised Code, and has explained to coverage and received declinations for the reasons see	the applicable requirements of due diligence as set forth in section to the insured the meaning of the signed statements prior to binding the forth below from the following authorized insurer(s) to which customarily write the kind of insurance described above.
INSURERS	REASONS
1	
2.	
3.	
4.	
5.	
Signature of Surplus Line Broker or Originating	g Agent
PART 2. SIGNED STATEMENT OF INSURED AS REVISED CODE	S REQUIRED BY SECTION 3905.33 OF THE OHIO
than life insurance) as described above is to be placed with The insured understands that the insurance company is a Chapter 3955 of the Ohio Revised Code is not applicable.	, acknowledges that the insurance policy (other with an insurance company not authorized to do business in Ohio. not a member of the Ohio Insurance Guaranty Association and that the to claimants or insureds of said insurance company. The surplus the amount of the premium for the insurance policy at the time the
Signature of Insured:	

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