

EXPLANATION OF THE ATTACHED NOTICE

≈ LOUISIANA ≈

The Louisiana Department of Insurance requires the attached “Authorized Non-Admitted Affidavit” to be signed by all applicants for this type of insurance.

The security behind your policy comes from the world’s oldest and largest insurance market, Lloyd’s. While Lloyd’s is considered a “non-admitted” insurer by the state, Lloyd’s is eligible to provide Surplus Lines insurance and fully complies with the state’s rules and regulations.

Rated A (Excellent) by A.M. Best, A+ (Strong) by Standard & Poor’s and A+ (Strong) by Fitch, Lloyd’s has never denied paying a valid claim in its over 300 year history. Several different sources of funding support Lloyd’s ability to pay claims, called the “Lloyd’s Chain of Security,” which includes reserves, trusts, individual and corporate wealth as well as the Lloyd’s Central Fund.

The Lloyd’s Central Fund and USA Trust can be compared to the Louisiana Insurance Guaranty Association in which “admitted” insurers participate. Its financials far exceed the minimum required by the National Association of Insurance Commissioners’ model for non-admitted insurers.

We trust this information provides you with some insight and confidence as to the security behind each and every risk that we, Petersen International Underwriters, proudly place at Lloyd’s. Visit www.lloyds.com to learn more.

Louisiana Department of Insurance
<http://ldi.louisiana.gov>

Louisiana Surplus Lines Association
www.lsla.bizland.com



PETERSEN
INTERNATIONAL UNDERWRITERS

23929 Valencia Boulevard • Second Floor • Valencia, CA 91355
(800) 345-8816 toll-free • (661) 254-0604 fax
www.piu.org • Info@piu.org

LOUISIANA DEPARTMENT OF INSURANCE
FORM 1263.1
AUTHORIZED NON-ADMITTED AFFIDAVIT

Approved unauthorized insurers, designated as surplus lines companies, are provided for under the Louisiana Revised Statutes 22§1249 et. seq. L.R.S. 22§1257 states that certain insurance coverages that cannot be procured from authorized insurers may be procured from unauthorized insurers provided that the insurance is procured through a licensed surplus lines producer.

Any licensed Louisiana property and casualty producer procuring personal lines coverage from a surplus line company must complete this affidavit acknowledging that the coverage has been placed with an approved unauthorized insurer through a duly licensed Louisiana surplus lines producer. After completion, this affidavit must be forwarded to the licensed Louisiana surplus lines producer, who will retain the affidavit as part of the insured's file. The affidavit must be submitted within thirty days of the effective date of the binder or policy.

A licensed Louisiana property and casualty producer procuring personal lines surplus lines coverage is required to conduct a diligent effort to place the coverage with an admitted company. The signature of the producer and insured must attest to the results of the diligent effort. The licensed Louisiana property and casualty producer is also required to expressly advise the insured, in the event of the insolvency of the surplus line company, **CLAIMS OR LOSSES WILL NOT BE PAID BY THE LOUISIANA INSURANCE GUARANTY ASSOCIATION.**

LICENSED LOUISIANA PROPERTY AND CASUALTY PRODUCER CERTIFICATION

As required by L.R.S. 22§1263.1, a diligent effort to place the risk with an admitted company was conducted. The results of the diligent effort are as follows:

Name of Approved Unauthorized Insurer from which the coverage was procured:

(Insurer's Name)

COMPLETION OF THE FOLLOWING THREE CHECK BOXES AND SPACE FOR THE REASON IN CONJUNCTION WITH THE THIRD IS MANDATORY:

- ☐ The company listed above was on the Approved Unauthorized Insurers List maintained by the Louisiana Department of Insurance the date the coverage was procured.
- ☐ The company listed above met the requirements of L.R.S. 22:1262 the date the coverage was procured.
- ☐ Reason for placing this coverage with an approved unauthorized insurer:

Louisiana Surplus Lines Producer's Name: _____

Surplus Lines Producer's Louisiana License Number: _____

Policy or Binder Number (if available): _____

Name of Property & Casualty Producer: _____

Address: _____ City _____ ST _____ Zip _____

Signature: _____ Date _____ Phone _____
(Property & Casualty Producer)

INSURED'S ATTESTATION

I acknowledge an approved unauthorized insurer has provided my insurance coverage. I also acknowledge and have been expressly advised by the producer above that in the event of insolvency of the approved unauthorized insurer providing my coverage, **CLAIMS OR LOSSES WILL NOT BE COVERED BY THE LOUISIANA INSURANCE GUARANTY ASSOCIATION.**

Name: _____ Signature _____ Date _____

NOTICE

The language and format of this Form must not be altered.

FORM 1263.1 (REVISED 2003)
May be reproduced for future use