

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.