

**AFFIDAVIT BY INSURED**

I (We) \_\_\_\_\_ of

\_\_\_\_\_  
(street) (city or town) (state) (zip code)

swear under penalty of perjury as follows. On \_\_\_\_\_, 2\_\_\_\_, I(we) directed \_\_\_\_\_, a licensed Rhode Island insurance producer, to obtain insurance against the risk(s) as described below. He(she) informed me(us) that the required insurance could not be obtained from insurers licensed to transact business in the State of Rhode Island. He(she) informed me(us) that he(she) made a diligent effort to procure the insurance from licensed insurers, but was(were) unable to do so. I(we) therefore directed (my)our insurance producer to obtain said insurance from such approved Surplus Lines Insurers through the office of \_\_\_\_\_ a licensed Rhode Island Surplus Line Broker.

**NOTICE**

**THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.**

I hereby certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Insured

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
Notary Public

Risk(s) Insured: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Amount of Insurance: \_\_\_\_\_

Name and Address of Approved Surplus Lines Insurer(s): \_\_\_\_\_

Policy Number, Term and Expiration Date: \_\_\_\_\_

Premium: \_\_\_\_\_

Surplus Lines Broker License Number: \_\_\_\_\_