

**STATE OF IOWA
SURPLUS LINES AFFIDAVIT
PRODUCER**

Affidavit # _____
(Begin with #1 at the start of each year.)

I, _____, of _____, _____, _____ being duly
(Producer Name) (City) (County) (State)
sworn on oath, depose and state:

That affidavit is an Iowa insurance producer, qualified and licensed under the provisions of Chapter 522, code of Iowa, to write the kind of insurance herein referenced. That affiant has made a diligent effort to place this insurance with admitted insurers and has either exhausted the capacity of the admitted insurers or has been unable to obtain the desired coverage. That the amounts of insurance shown are required for this risk.

1. Name and address of risk: _____

2. Perils insured against: _____

3. Amount of insurance procurable from licensed insurers: _____

4. Amount of insurance procurable from nonadmitted insurers, name of nonadmitted insurer and nonadmitted insurer's NAIC#: _____

5. **THREE** licensed companies who refused to accept risk: _____

6. Term, effective date, and policy #: _____

7. Total premium plus all fees (**excluding 1% premium tax amount**) for surplus lines coverage:

FEES: _____ **PREMIUM:** _____ **TOTAL:** _____

That affiant agrees to escrow all amounts due the State of Iowa for premium tax on this insurance and understands that failure to pay said tax on or before March 1 of the next calendar year will be deemed grounds for the revocation of the producer's license by the Iowa Insurance Division.

Subscribed and sworn to before me this _____ day of _____, 20____.

Producer Signature

Notary Public

Producer Address

County and State

Producer City, State, ZIP

Producer SSN