

To: Insurance Commissioner  
State of Oregon

Insured Name: \_\_\_\_\_

Coverage Provided: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Print Name of Producing Agent) (Print Agency Name)

Agency, hereby certify that I have made a diligent effort to place this insurance with companies admitted to write business in Oregon for this class. I am unable to place the full amount or kind of insurance with companies admitted to transact and who are actually writing the particular kind and class of insurance in this state. I am therefore placing this insurance in the ***SURPLUS LINE MARKET***.

The Insured was expressly advised prior to placement of this insurance in the ***SURPLUS LINE MARKET*** that:

- A. The Surplus Lines insurer with whom the insurance was placed is not licensed in this state and is not subject to its supervision.
- B. In the event of the insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.

Signature of Producing Agent \_\_\_\_\_

Date \_\_\_\_\_