

February 23, 1981

SUBJECT: INSURANCE

WITHDRAWN

Circular Letter No. 5 (1981)

TO: ALL LICENSED EXCESS LINE BROKERS AND ALL PROPERTY AND CASUALTY INSURANCE COMPANIES

RE: FORMS REQUIRED BY REGULATION 41

Pursuant to Regulation 41, promulgated on November 25, 1980, attached are forms EL-1 and EL-2. Form EL-1 must be completed by the unauthorized insurer and form EL-2 by the Excess Line Broker. These forms should be reproduced as needed, but without any change. Form EL-1 will be required to be filed commencing with the end of calendar year 1981, and form EL-2 will be required to be used commencing March 1, 1981.

With reference to the affidavit required pursuant to Section 122 of the New York Insurance Law, please withhold the submission of said affidavits for policies with a 1981 effective date until a revised affidavit form is prescribed and sent to you.

Very truly yours,

[SIGNATURE]

Albert B. Lewis

Superintendent of Insurance

ATTACHMENT

Instructions

A separate column under "Names of Brokers" shall be used for each broker. This page should be reproduced as needed. Use as many pages as necessary to list all brokers your company does business with for property or risks located in the State of New York. The gross premium in each category is to be listed for each broker.

For alien insurers only, reporting on this form can be grouped into the five major groups as delineated below: 1-fire risks only; 2-all fire allied risks; 3-ocean marine risks; 4-all other property risks, and 5-all casualty risks. One figure next to the numbers 1 through 5 will be acceptable for alien insurers. only.

When the New York broker or excess line broker is not known to the company filing this form, a list of insureds, arranged alphabetically with addresses, shall be permitted. This list shall indicate the gross premium for each insured.

Each company filing form EL-1 shall indicate the name and address of a person who may be contacted with reference to such form.

KINDS OF INSURANCE	Type of Ins. Code	NAMES OF BROKERS
	Fire	1A
	Allied lines on Fire Policies	2A
	Homeowners Multiple Peril (Excl. fire)	2B
	Commercial Multiple Peril (Excl. fire)	2C
	Tornado, Wind, Cyclone, Hail	2D
	Sprinkler and Water Damage	2E
	Explosion, Riot and Commotion	2F
	Earthquake	2G
3	Ocean Marine	3A
4	Inland Marine	4A
	Aircraft Physical Damage	4B
	Glass	4C
	Animal	4D
	Auto Physical Damage (excl. fire)	4E

KINDS OF INSUR- ANCE	Type of Ins. Code	NAMES OF BROKERS
	Burglary & Theft	4F
	Auto Collision	4G
	Property damage Other than Auto	4H
5	Fidelity	5A
	Surety	5B
	Liability other than Auto	5C
	Boiler & Machinery	5D
	Elevator	5E
	Auto Liability	5F
	Auto Property Damage	5G
	Errors & Omissions	5H
	Worker's Comp.	5I
	Contingent Commission	5J
	Malpractice	5K
	Credit Insurance	5L
		Total

Contact Person: Name _____

Address _____
Telephone _____

(This form must be completed by the submitting broker or excess line broker and signed and dated by the company representative.)

I, _____ (Name), submitting broker or excess line broker, whose business address is _____ (Street) _____ (City) _____ (Zip) has submitted the risk hereinbelow described, to _____ (Name) _____ (Address) an underwriter or agent having underwriting authority for the _____ (Name of Company) a insurance company authorized to do an insurance business in the State of New York, hereby declares that on _____, 19_____, said risk was declined by the above-named underwriter or agent. The reason for declining said risk was:

Name of Insured: _____

Address of Insured: _____ Zip _____

Type of Coverage Requested _____

(If more space is required attach additional sheets) _____

Dated: _____

Signed: _____
submitting broker or excess line broker

I, the underwriter or agent having underwriting authority for the above-named company, confirm that the above information is correct.

Dated: _____

Signed: _____
underwriter or agent having underwriting authority

NOTE: INTENTIONALLY GIVING FALSE INFORMATION ON THIS FORM IS TANTAMOUNT TO COMMITTING A PERJURY.