

# THE SURPLUS LINE ASSOCIATION OF IDAHO, INC.

## SUBMISSION FORM 101

STAMPING OFFICE

595 South 14th Street, Boise, Idaho 83702  
208.336.2901 / 866.805.4978 (Fx) 208.336.2901 [www.idahosurplusline.org](http://www.idahosurplusline.org)

### SUBMIT THIS FORM IN TRIPLICATE

The following statement of insurance written or proposed to be written with non-admitted insurers is hereby submitted to the Surplus Line Association of Idaho for approval as a risk qualified under Idaho Surplus Line Code and the Rules of the Department of Insurance. **One copy of the Certificate, Binder or Cover Note and any other supporting documents are hereby attached to this Submission Form which is executed in triplicate.**

Certificate/Policy No. \_\_\_\_\_ Date Policy Recvd by SL Broker \_\_\_\_\_

1. Name: Resident Idaho SL Broker \_\_\_\_\_

2. Name: Non-Res Idaho SL Broker \_\_\_\_\_ Non Res Idaho Lic # \_\_\_\_\_

3. Name: Producing Agent \_\_\_\_\_ If Non Resident: Idaho Lic # \_\_\_\_\_

4. Insurers (Include percentages of ea to equal 100%) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Insured Name & Address ( Location of Risk must be Idaho Address ) \_\_\_\_\_  
\_\_\_\_\_

6. Open Lines for Export - Risk Code \_\_\_\_\_

**See DOI Rule 18.01.18 IF RISK IS NOT ON APPROVED LIST, ENTER DETAILED DESCRIPTION OF RISK ABOVE AND EXECUTE AFFIDAVIT BELOW**

7. Effective Policy Date is \_\_\_\_\_ for the term of \_\_\_\_\_ year(s)

8. Premium of \$ \_\_\_\_\_ (include policy fees, inspection fees, etc) and Idaho PremiumTax of \$ \_\_\_\_\_ and  
Stamping Fee of \$ \_\_\_\_\_ has been collected from the insured.

*Policy Eff Date 12/31/2006 or before: Prem Tax = 2.75% Stamping Fee = .5% (.005)  
Policy Eff Date 01/01/2007 or later: Prem Tax = 1.50% Stamping Fee = .25% (.0025)  
Endorsements / Audits subject to tax & fee based on eff date of ORIGINATING policy*

SL Broker's Signature \_\_\_\_\_

### AFFIDAVIT of DILIGENT SEARCH

To the Department of Insurance: I have been unable to secure insurance (indicate class of risk) \_\_\_\_\_ for the above insured from at least three companies Admitted to transact this class of insurance business in the State of Idaho and therefore have secured the protection through a Non-Admitted company(s) in accordance with Chapter 12 Title 41, Idaho Insurance Code and related Rules, and the By-laws and Rules of the Surplus Line Association of Idaho. The conditions for export as outlined in Code section 41-1214 and Rule 18.01.18 have been met. The insured has been informed that this contract is issued pursuant to the Idaho Insurance Laws by an insurer not licensed by the Idaho Department of Insurance nor covered by the Guaranty Fund. The Endorsement of Contract is imprinted on the insured's policy in Red Ink with at least 10 pt Bold type and bears the name of procuring S/L Broker.

SL Broker's Signature \_\_\_\_\_

or

Producer's Signature \_\_\_\_\_

NOTARY SEAL ON ALL 3 COPIES

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission expires \_\_\_\_\_

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