

CALIFORNIA SL-2 AFFIDAVIT – INSTRUCTIONS FOR COMPLETION

****ALL SHADED FIELDS MUST BE COMPLETED****

SECTION 1

PROVIDE THE NAME & LICENSE NUMBER OF THE LICENSED INDIVIDUAL WHO PERFORMED OR SUPERVISED THE DILIGENT SEARCH. IF USING AN AGENCY LICENSE, PROVIDE AN INDIVIDUAL'S NAME ALONG WITH THE NAME AND LICENSE NUMBER OF THE AGENCY (ENTITY).

SECTION 2

ALMOST ALL OF THE INFORMATION IN SECTION 2 IS AUTO-FILLED BASED ON THE RISK INFORMATION IN CONCEPT1 & CAISAR. THE ONLY FIELD NEEDING COMPLETION IS (C) **DESCRIPTION OF RISK**

SECTION 3 – LEAVE BLANK

SECTION 4 – LEAVE BLANK

SECTION 5 – LEAVE BLANK

SECTION 6

A brief statement or sentence saying the diligent effort was made.

DILIGENT SEARCH REPORT

(Please Refer to the Instructions on Page 1 of This Form)

1. _____ hereby submits that he/she is:
(Full Name of the Individual)
(A) Duly licensed under California Department of Insurance license number _____
OR (B) Duly licensed and authorized to act as an endorsee on the organizational license of _____ California Department of Insurance license number _____
(Name of Organization)
and (C) that he/she or said organizational licensee was engaged by the insured named herein, or the insured's broker, to obtain insurance as described in this report;
and (D) is the licensee who performed or supervised this diligent search.

2. (A) Name of Insured _____
(B) Address of Insured _____
(Street and Number)

(City) (State) (Zip Code)
(C) Description of Risk _____
(e.g. Luncheonette, liquor store, ...NOT TYPE OF COVERAGE)
(D) Location of Risk _____
(Street and Number)

(City) (State) (Zip Code)
(E) Type of Insurance coverage _____
(Enter Appropriate Code Number from Pg. 3)
3. If Private Passenger Automobile Liability Insurance is identified on line 2(E), complete the following:
(A) Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code?
(CHECK ONE) YES NO
(B) Does the coverage that you have placed include, in whole or in part, the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)? (CHECK ONE) YES NO
(C) If YES, has this risk been submitted to and found to be ineligible by CAARP?
(CHECK ONE) YES NO
If your answer is NO, then this coverage cannot be placed with a non-admitted insurer. (See Insurance Code section 1763.5)
4. If Health Insurance is identified on line 2(E), does the insured qualify as a "Small Employer" under Section 10700(x) of the California Insurance Code? (CHECK ONE) YES NO
5. If this insurance was placed pursuant to Section 125 et seq. of the California Insurance Code governing transactions with risk purchasing groups authorized by the Federal Liability Risk Retention Act of 1986, complete the following:
(A) Provide the name and address of the purchasing group of which the insured is a member _____

6. (A) Describe the diligent efforts made to place this coverage with admitted insurers and describe how the search was performed (please add additional pages if necessary):

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SECTION 7

QUESTION 7 (A) ASKS IF THE RISK WAS SUBMITTED TO 3 ADMITTED INSURERS. IF **YES**, CHECK (✓) THE “YES” BOX AND PROCEED TO PROVIDE THE ADMITTED INSURER INFORMATION BELOW. IF **NO**, CHECK (✓) THE “NO” BOX AND SKIP DOWN TO COMPLETE SECTION 8

THE FOLLOWING MUST BE PROVIDED FOR EACH INSURER DECLINING THE RISK:

- FULL NAME OF THE ADMITTED COMPANY
- FIRST AND LAST NAME OF PERSON DECLINING THE RISK AND A TELEPHONE NUMBER OR WEBSITE
- CHECK E (✓) FOR EMPLOYEE OR A (✓) FOR AGENT
- MONTH & YEAR OF DECLINATION
- DECLINATION CODE (EITHER #1, #2, #3 OR #4)

SECTION 8

IF DECLINING CARRIER INFORMATION WAS PROVIDED IN SECTION 7, THE QUESTIONS IN SECTION 8 CAN BE SKIPPED, AND ONLY A SIGNATURE AND DATE ARE NEEDED TO COMPLETE THE FORM.

THIS SECTION MUST BE COMPLETED ONLY IF QUESTION 7(A) IS NO. ANSWER QUESTION 8(A), THEN ANSWER EITHER 8(B) OR 8(C).

THIS SECTION MUST BE SIGNED AND DATED. THIS DATE MUST PRECEDE THE POLICY EFFECTIVE DATE.

These instructions are designed to accompany the SL-2 Affidavit. These instructions are not intended to provide, and should not be understood to provide, legal advice. They are not designed to fully explain, or to be relied upon in interpreting, the law.

(B) If search was performed by someone other than the person named on line 1, please provide full name of that individual:

7. (A) Was the risk described in Section 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California and who actually write the type of insurance described on lines 2(C) and 2(E)? (CHECK ONE) YES NO

(B) If YES, please complete ALL sections of the following table; if NO, skip to Section 8:

Full Name of Admitted Company	First & Last Name of Company Representative AND Telephone Number	Check if Employee (E) or Agent (A)	Month, Year of Declination	Declination Code*
1. [Shaded]	[Shaded] () - or "Online Declination" Website	E () A ()	/	[Shaded]
2. [Shaded]	[Shaded] () - or "Online Declination" Website	E () A ()	/	[Shaded]
3. [Shaded]	[Shaded] () - or "Online Declination" Website	E () A ()	/	[Shaded]

*Declination Codes: 1 - Company's capacity reached 2-underwriting reason 3-refused to state 4-other

8. If 7(A) was answered NO, complete the following:

(A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)? (CHECK ONE) YES NO

(B) If NO, please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance.

(C) If YES, please describe how you made this determination.

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

[Signature Line] (Signature of Licensee Named on Line 1) [Date Line] (Date)