

ALABAMA RISKS – DUE DILIGENCE FORM

Please list below the names of (3) admitted carriers who write business in the State of Alabama with whom you could not place this risk:

1. _____

2. _____

3. _____

Agent's Signature

Date

**STATEMENT OF INSURED ON POLICIES ISSUED UNDER
THE ALABAMA SURPLUS LINES INSURANCE LAW**

[Revised 04.2013]

Surplus line insurer: _____

Insured(s): _____

Policy number: _____

Effective date: _____ **Policy issue date:** _____

The undersigned insured understands that the insurance coverage provided by the above-described policy is written by an insurer that is not authorized (licensed) by the Alabama Department of Insurance and that the Department of Insurance does not have any authority over the policy forms used or the premiums charged by this insurance company. The undersigned insured further understands that no Alabama insurance guaranty fund protection exists in the event this insurance company becomes insolvent and that, in the event of insolvency, there is no guarantee a claim will be fully covered.

With these understandings, the undersigned insured consents that the coverage be placed through an unauthorized insurer.

Insured

Print insured name:

Date: _____