

\*\*\*A.R.S. § 20-413(F) CERTIFICATE OF SURPLUS LINES BROKER \*\*\*

TO BE RETURNED BY THE SURPLUS LINES BROKER TO THE: PROPERTY/CASUALTY DIVISION
STATE OF ARIZONA -- DEPARTMENT OF INSURANCE
2910 NORTH 44TH STREET - SUITE 210, PHOENIX, AZ 85018-7269
TELEPHONE: (602) 364-3453; FACSIMILE: (602) 364-3989

SECTION I ("Insurer" as used herein means any of the following: a foreign insurer, an alien insurer, a Lloyds association, an insurance exchange or any member syndicate of an insurance exchange):

A. COMPLETE THE FOLLOWING INFORMATION:

(Name of Insurer)

(Address of Insurer)

B. READ THE STATEMENTS BELOW AND CHECK ALL THAT APPLY:

- 1. This certificate is being completed by an individual surplus lines broker for a foreign unauthorized insurer to transact surplus lines surance in Arizona.
2. This certificate is being completed by a corporate surplus lines broker for a foreign unauthorized insurer to transact surplus lines insurance in Arizona.
3. This certificate is being completed by an individual surplus lines broker for an alien insurer to transact surplus lines insurance in Arizona; the insurer is listed in the National Association of Insurance Commissioners' most recent Review of Alien insurers.
4. This certificate is being completed by a corporate surplus lines broker for an alien insurer to transact surplus lines insurance in Arizona; the insurer is listed in the National Association of Insurance Commissioners' most recent Review of Alien insurers
5. This certificate is being completed by an individual surplus lines broker for a foreign unauthorized insurance exchange to transact surplus lines insurance in Arizona.
6. This certificate is being completed by a corporate surplus lines broker for a foreign unauthorized insurance exchange to transact surplus lines insurance in Arizona.
7. This certificate is being completed by an individual surplus lines broker for a member syndicate of a foreign unauthorized insurance exchange to transact surplus lines insurance in Arizona.
8. This certificate is being completed by a corporate surplus lines broker for a member syndicate of a foreign unauthorized insurance exchange to transact surplus lines insurance in Arizona.
9. Attached is the certificate (ADOI Form 111) required by A.R.S. § 20-413(F) that states the name of the public official or other person having supervision over the insurer in its state of domicile or in a state other than its state of domicile that certifies the amount of capital and surplus the insurer possesses and the amount of the trust deposit the insurer maintains, as determined from the records and knowledge of the public official or other person. The ADOI Form 111 is accompanied by a certificate of compliance or other acceptable proof of the extent of this insurer's authority to transact insurance in its state of domicile.
10. In the case of an insurance exchange, an ADOI Form 111 has been completed and is attached for each syndicate within the exchange.
11. Attached is the certified annual statement for the preceding year ending December 31 that is due on or before June 1. In the case of an insurance exchange, a certified annual statement is being submitted for each member syndicate.
12. Attached is the certified copy of the insurer's most recent Report of Examination if not previously filed with the Department.

SECTION II (Affidavit):

STATE OF : \_\_\_\_\_) SS.

COUNTY OF: \_\_\_\_\_)

I, \_\_\_\_\_ (COMPLETE NAME OF SURPLUS LINES BROKER) having been duly sworn upon oath, depose and state that I am a surplus line broker licensed by the Director of Insurance in the State of Arizona and that \_\_\_\_\_ (COMPLETE NAME OF INSURER) is an insurer domiciled in the state of \_\_\_\_\_ of the United States or in the country of \_\_\_\_\_; that the insurer possesses a minimum of capital and surplus of at least \$ \_\_\_\_\_ and; if required, maintains a deposit of at least \$ \_\_\_\_\_ in public custody in trust for the purpose of protecting all of the insurer's policyholders in the United States; and, the insurer possessed for the year ending December 31, \_\_\_\_\_ capital and surplus of \$ \_\_\_\_\_, as determined from the records and knowledge of the public officials or other persons who have supervision over the insurer.

SIGNATURE OF BROKER OR AUTHORIZED CORPORATE OFFICER (TYPED NAME AND ADDRESS OF SURPLUS LINES BROKER OR AUTHORIZED CORPORATE OFFICER)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

(SIGNATURE OF NOTARY PUBLIC)

(MY COMMISSION EXPIRES)

**\*\*\*A.R.S. § 20-413(F) CERTIFICATE OF SURPLUS LINES BROKER \*\*\***  
**MINIMUM AMOUNT OF CAPITAL AND SURPLUS AND TRUST DEPOSIT REQUIRED BY A.R.S. § 20-413**

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TYPE OF INSURER	MINIMUM CAPITAL AND SURPLUS	MINIMUM TRUST DEPOSIT
1. FOREIGN INSURER	\$15,000,000	N/A
2. ALIEN INSURER	\$15,000,000	\$2,500,000
3. LLOYDS ASSOCIATION	N/A	\$100,000,000
4. INSURANCE EXCHANGE	\$50,000,000	\$2,500,000
5. EACH MEMBER SYNDICATE	\$5,000,000	N/A

The certifying surplus lines broker may withdraw this certificate by providing written notice of intent to withdraw to the Director and the affected insurer. The withdrawal is not effective until 45 days after delivery of the notice.