

ATTENTION MASSACHUSETTS **APPLICANTS**

As per the Massachusetts Division of Insurance requirements, an affidavit for surplus lines state filing has been enclosed with the application for coverage.

The affidavit form must be completed and signed where indicated and returned to PRMS along with your completed application.

The Massachusetts Division of Insurance requires PRMS to submit this document within 20 days of the policy being issued.

Without this signed document we will be unable to process your application for coverage with Lexington within the necessary time to comply with the state's requirements.

If you have any questions regarding your application, please feel free to call (800) 245-3333, ext. 389 or e-mail TheProgram@prms.com.

I/We _____ of _____ Massachusetts _____ do hereby state that in _____, 20____ I/We directed _____ Transatlantic Professional Risk Management Services, Inc. _____ my/our Insurance Broker to obtain insurance against certain risks as described herein. My/Our Insurance Broker informed us that the required insurance could not be obtained from, or would not be written by, companies licensed or admitted to transact business in the Commonwealth of Massachusetts.

I/We the Assured, was/were informed that the type and amount of insurance shown below could be obtained from certain insurers not admitted to transact business in the Commonwealth. I/We was/were further informed:

- A. *The surplus lines insurer with whom the insurance was placed is not licensed in this state and is not subject to Massachusetts regulations.*
- B. *In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund.*

Signature by Assured _____
Print Name _____
Date _____

THIS PORTION MUST BR COMPLETED AND SIGNED BY THE ORIGINAL BROKER

Name of Insured _____ Address _____
Location of Property _____
Description _____
Coverage Professional Liability
Limit _____ Premium _____

I/We hereby verify that I/We explained the forgoing to the insured and it was acknowledged that he/she understood such.
License # 1848151 Signature _____ Date _____

A copy of this affidavit must be kept in the original broker's file and a copy must be given to the Assured at the time said copy was completed by him/her.

AFFIDAVIT BY SPECIAL BROKER

I, Jacqueline M. Palumbo of Transatlantic Professional Risk Management Services, Inc. In said county of Arlington, VA depose and say that I was engaged directly by the Assured named herein or informed by the Assureds insurance licensed Agent/Broker that after diligent efforts, he/she is unable to procure in companies admitted to do business in this Commonwealth the amount and/or type of insurance necessary to protect the insurable interests described above. This Affidavit is made to comply with the requirements of Section 168 of Chapter 175 of the General Laws, and to authorize me as a licensed special insurance broker under said section to procure insurance for said insurable interests beyond that which companies admitted to do business in the Commonwealth are willing to write thereon. The following companies or groups are among those which have accepted all or part thereof:

Company	NAIC#	Policy #	Premium
<u>Lexington Insurance Company</u>	<u>19437</u>	_____	_____
Amendments to Affidavit: () Increase () Decrease			
_____	_____	_____	_____
_____	_____	_____	_____

I hereby verify the forgoing statements and declare that they were made under the penalties of perjury.

License # 1848151 Signature _____ Date _____

A copy of this affidavit must be kept in the Special Brokers File and the original filed with the Division of Insurance of the Commonwealth of Massachusetts within *twenty days* following date of procurement.