



Date: 8/18/2021

PLEASE COMPLETE AND RETURN AT BINDING – Failure to do so may result in delay of binding or issuance.

In order to comply with the provisions of the below referenced State & it's Insurance Code(s) that pertain to Surplus Line Risks, the following affidavit must be completed by the Surplus Line Licensee or the referring agent.

Insured: Barb Pabst Policy # CIG-TH-203580 21 Effective: 8/28/2021

**SURPLUS LINE RISK AFFIDAVIT**

STATE OF Minnesota  
COUNTY OF Dakota

I, Andrew T Schmitz, being duly sworn do depose and say, that  
(Retail Agent or Referring Surplus Line Broker)

after diligent effort I am unable to procure policy or contract of:

Type of Insurance: Dwelling

For: Barb Pabst

Address: 2396 Cable Street, Ogilvie, MN 56358

The following Admitted Companies and/or Program Administrators have refused to write this risk:

- 1. Farmers Insurance Exchange #21652
  - 2. Travelers Commercial Insurance Company #36137
  - 3. Hartford Fire Insurance Company #19682
- Full Name of Insurance Carrier/Company NAIC Number (if available)

Therefore, I offer this affidavit in order to comply with the provisions of the above listed State's Insurance Code and with the Rules and Regulations pertaining to Surplus Line Business as promulgated by that State's Department or Division of Insurance.

SUBSCRIBED and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_

*Andrew Schmitz*

Agent/Broker's Signature

Andrew T. Schmitz

Agent/Broker's Printed Name

License Number: 40638236

State of License: Minnesota

Notary Public (only if required by State)

If the Surplus Line Licensee is a corporation, the affidavit must be executed by an officer whose name appears on the license; if a partnership, it must be executed by a partner whose name appears on the license. If the affidavit is executed by a referring broker, his license number must be noted below his name.