Form BR-7 Affidavit # 20_____

AFFIDAVIT BY ASSURED

I/We _____ of _____
do hereby state that in _____, 20_____, I/We directed _____
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 BE COMPLETED AND SIGNED BY THE ORIGINAL BROKER

Name of Insured _____ Address _____

Location of Property _____

Description: _____

Coverage: _____

Limit: _____ Premium _____

I/We hereby verify that I/We explained the foregoing to the insured and it was acknowledged that he/she understood such.

License # _____ 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, _____ of _____
in said county of _____ depose and say that I was engaged directly by the Assured named herein or informed by the Assured's 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**

Amendments to Affidavit: ☐ Increase ☐ Decrease

Company	**NAIC#**	**Policy #**	**Premium**

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

License # _____ Signature _____ Date _____

Original affidavit must be kept in the Special Broker's File and a copy filed with the Division of Insurance of the Commonwealth of Massachusetts within *twenty days* following date of procurement.