



**Missouri Department of Insurance
Financial Institutions and Professional Registration**

Surplus Lines Declination Detail

This form is to be used when the policy provides insurance for coverage that cannot be written with admitted insurers. Pursuant to 200 CSR 200-6.500, identify three admitted insurers marketing the class of insurance that declined the risk. Include with this submission form MO 375-0481.

NAME OF INSURED: _____

POLICY NUMBER: _____

1.

Admitted Insurer _____

Address _____

Phone Number _____ **Underwriter** _____

Reason for Declination (enter code from bottom) _____

2.

Admitted Insurer _____

Address _____

Phone Number _____ **Underwriter** _____

Reason for Declination (enter code from bottom) _____

3.

Admitted Insurer _____

Address _____

Phone Number _____ **Underwriter** _____

Reason for Declination (enter code from bottom) _____

Reason for Declination Codes

- | | |
|---|---------------------------|
| 1. Unacceptable Class of Business | 5. No Market |
| 2. Age of Building | 6. No Prior Insurance |
| 3. Declined to Quote | 7. Excessive Claims |
| 4. Doesn't Fit Underwriting Requirement | 8. Other (Please Explain) |

PLEASE PROVIDE ANY ADDITIONAL EXPLANATION AND EFFORTS TO PLACE THIS INSURANCE WITH AN ADMITTED INSURER THAT WOULD HELP SUPPORT THE NEED TO PLACE THE POLICY WITH A SURPLUS LINES COMPANY.

PRINT SURPLUS LINES LICENSEE AND/OR PRODUCING INSURANCE PRODUCER DATE

SIGNATURE