

FORM F – RISK PURCHASING GROUP

**APPLICATION TO THE COMMISSIONER OF INSURANCE OF NORTH
CAROLINA TO PROCURE INSURANCE FROM AN INSURANCE COMPANY
NOT LICENSED IN NORTH CAROLINA**

I, the undersigned, have been unable to purchase insurance from any insurance company licensed to do business in North Carolina; therefore, application is made under Article 21 of Chapter 58 of the General Statutes of North Carolina to procure insurance through an insurance company that is not licensed in North Carolina.

I understand that risks in this State may be insured in insurance companies not licensed to do business in North Carolina only to the extent that such risk(s) cannot be insured in companies licensed to do business in North Carolina under any policy form filed with and approved by the Commissioner of Insurance.

I further understand that the insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision, and that in the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund.

_____ X _____
Date Signature of Applicant (Insured)

**APPLICATION FROM PRODUCING BROKER TO SURPLUS LINES LICENSEE
TO PLACE BUSINESS IN AN INSURANCE COMPANY NOT LICENSED IN
NORTH CAROLINA**

Application is made on behalf of _____ for insurance with an insurance company not licensed to do business in North Carolina, as the applicant has not been able to purchase insurance through a company that is licensed in North Carolina.

_____ X _____
Date Signature of Producing Broker

I, the undersigned, being duly licensed to procure policies of insurance on risks in this State from insurance companies not licensed to do business in North Carolina, hereby acknowledge that I have been unable, after a diligent search, to obtain from insurance companies authorized to do business in North Carolina the full amount or kind of insurance necessary to protect the risks. I, therefore, request that I be permitted to place the amount of insurance required to protect such risk(s) in insurance companies that are not licensed to do business in the State, pursuant to Article 21 of Chapter 58 of the General Statutes of North Carolina

Surplus Lines Insurer		Policy No.	
Name of Insured	-----		
Address of Insured	-----		
Description of Risk	-----		
Location of Risk	-----		
Type of Insurance		Amount of Insurance	
Premium Charged \$		Policy Period From:	To:

_____ X _____
Date Signature of Surplus Lines Licensee