

FORM F – Exempt Commercial Purchasers

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

I, the undersigned, am an “exempt commercial purchaser,” as defined in N.C. General Statute § 58-21-16; 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 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.

The licensee procuring or placing the surplus lines insurance has disclosed to me that such insurance may or may not be available from the admitted market that may provide greater protection with more regulatory oversight.

I subsequently requested in writing the licensee to procure or place such insurance from a nonadmitted insurer.

_____ **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 _____,
policy number _____, for insurance with an insurance company not licensed to do business in North Carolina, as the applicant is an “exempt commercial purchaser,” as defined in N.C. General Statute § 58-21-16.

_____ **X** _____
Date Signature of Producing Broker

I, the undersigned, 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