

**Nevada Surplus Lines Association**  
**DECLINATION DETAIL**

This form is to be used when the policy provides insurance for coverage that cannot be written with admitted insurers. (Category is not listed on open lines eligible for export.) Pursuant to 685A.215 of NRS, identify three admitted insurers marketing the class of insurance that declined the risk. Include with this submission form NSLA101.

**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 LINE COMPANY.

Surplus Line Broker  
Statewide Insurance Corp.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE