



Introductory Guide to SLIP Enhanced California's Electronic Filing System

**SLIP Wizard:
Create Renewal
Create Renewal from Scratch**

As of 1/1/2024, an updated version of the SL2 form is available on the SLACAL website. While the SLA is currently accepting both the 2004 version and the 2024 revision, all future filings will be required to include the 2024 SL2 revision after the end of the grace period. Please note the SLIP SL2 form will soon be updated to reflect the newest version. Use this link to access the new SL2 form:
[\[https://learningcenter.slacal.com/resources/filing-requirements-and-procedures/filing-forms\]](https://learningcenter.slacal.com/resources/filing-requirements-and-procedures/filing-forms).

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SLIP Wizard: Create Renewal

SLIP Surplus Lines Information Portal

SLA THE STATE OF CALIFORNIA

HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HELP SETTINGS LOGOUT

You are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FRANCISCO. [\[Change Location\]](#)

Welcome, PATRICIA MCAULEY!

We have been updating SLIP. Check out some of the recent changes.

8/12/2015	A new Analytics tab has been added to SLIP.	+
5/25/2015	SL2 Form optimized for entering admitted insurers.	+

Policy Actions

- Create New Policy** ⓘ
Create a new policy, upload documents, and complete online forms through the SLIP Create New Policy Wizard.
- Create Renewal** ⓘ
Report a Renewal for an existing policy or create a renewal from scratch through the SLIP Create Renewal Wizard.
- Create Endorsement** ⓘ
Report Endorsements, Cancellations, Audits, and Extensions for existing policies or create Endorsements from scratch through the SLIP Create Endorsement Wizard.

Bulk Data Entry

- Bulk Submission / Import Wizard** ⓘ
Upload policy data in bulk for direct submission to the SLA or for further review in SLIP through the SLIP Bulk Submission Wizard.

Quick Info

My Unsubmitted Transactions	0
Total Unsubmitted Transactions	0
My Unsubmitted Transactions with Alerts	0
Total Unsubmitted Transactions with Alerts	0
My Open Tags	0
Total Open Tags	16
Total Informational Tags	0
Transactions Pending Review	0
Returned Transactions	0
Invalid Bulk Submissions	0

[Contact SLA](#)

[\\$ Pay Stamping Fee](#)

To create a renewal policy, click on **Create Renewal**.

Create Renewal Wizard: Search for Prior Policy

The screenshot displays the 'Create Renewal Wizard' interface. At the top, there are logos for SLIP (Surplus Lines Information Portal) and SLA (Surplus Lines Association of California). Below the logos is a navigation bar with links: HOME, POLICIES, SUBMISSIONS, TAGS, ACCOUNT, REPORTS, ANALYTICS, USERS, CONTACTS, HELP, SETTINGS, and LOGOUT. A user login message states: 'You are logged in as PATBRIK, on behalf of [8486] TEST (TEST), SAN FRANCISCO.' with a '[Change Location]' link. The main heading is 'Create Renewal Wizard'. Below this is a 'Policy Search' section with the instruction 'Search for the existing policy you wish to renew.' The search fields are: 'Policy Number:' (a text input field), 'Name of Insured:' (a text input field), and 'Effective Date:' (a date range selector with 'to' in between). A red rectangle highlights these three input fields. At the bottom right of the search section are two buttons: 'Clear' and 'Search'. A red arrow points to the 'Search' button.

- ▶ Search for the prior policy by entering information in any or all of the fields by policy number, name of insured, and/or effective date.
- ▶ For businesses with DBAs, the SLA enters the DBA name. Partial name search is also acceptable.
- ▶ To search for a policy effective over 2 years from current date, the effective date must be entered along with either the policy number or name of insured.

Create Renewal Wizard: Select Prior Policy

SLIP Surplus Lines Information Portal | **SLA** CALIFORNIA

HOME | POLICIES | SUBMISSIONS | TAGS | ACCOUNT | REPORTS | ANALYTICS | USERS | CONTACTS | HELP | SETTINGS | LOGOUT

You are logged in as PATBRK, on behalf of (8486) TEST (TEST), SAN FRANCISCO. [\[Change Location\]](#)

Create Renewal Wizard

Search for the existing policy you wish to renew.

Policy Number: Name of Insured: Effective Date: to

[Clear](#) [Search](#)

Policy Search Results

	Policy / Binder Number ▲	Name of Insured	Policy Type	Effective Date	Expiration Date	Transaction Count
<input checked="" type="checkbox"/>	ABC TEST	SURPLUS LINE ASSOCIATION OF CALIFORNIA	S	05/23/2016	05/23/2017	1
<input type="checkbox"/>	ABC TEST 2		S			1

1 - 2 of 2 Items

If the original policy is not found in the system, you can [click here to Create a Renewal from Scratch](#). This will create a new policy for the Renewal under the current location.

[Create Renewal](#)

- ▶ When you locate the prior policy, check the check box next to the policy/binder number.
- ▶ Click on the Create Renewal button.
- ▶ If the prior policy is not listed on the search results, you will need to create a renewal from scratch. (*Refer to Create a Renewal from Scratch.*)

Create Renewal Wizard: Renewal Options

SLIP Surplus Lines Information Portal

SLA CALIFORNIA

HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HELP SETTINGS LOGOUT

You are logged in as PATBRIK, on behalf of [8486] TEST (TEST), SAN FRANCISCO. [\[Change Location\]](#)

Create Renewal Wizard

1: Options 2: Policy Details 3: Transaction Details 4: Multi-State 5: Documents 6: Verify and Submit

Enter the policy number and indicate special conditions.

Begin by providing the new policy number. If that policy number already exists in SLIP, you will be able to navigate to that policy to add new transactions. If any special conditions apply to this policy, please indicate them by checking one or more of the options below. If none of the conditions apply, leave only "Standard Policy" selected and click Next.

* Policy / Binder Number:
ABC TEST

Options

☒ **Standard Policy** ☐ **Master Policy**
This is a single policy that provides coverage to eligible employees or members on a group basis.

☒ **Multi-State Policy**
This is a single policy where the risk is located in more than one state.

☐ **Multiple Insurers**
This is a single policy where the risk is covered by more than one insurer.

☐ **Exempt Commercial Purchaser / Commercial Insured**
This policy has an exempt commercial purchaser / commercial insured, which must meet the qualifications as set forth by the NRRA.
Refer to [SLA CA Bulletin 1230](#) for more information.

Next >

- ▶ The Standard Policy button is selected by default for all transactions. If the renewal is a master policy, select the radio button for master policy. Check the multi-state policy, multiple insurers and/or exempt commercial purchaser/commercial insured checkbox if applicable.
 - A master policy is a single contract issued on a group basis with certificates of insurance issued to the policyholders.
 - A multi-state policy covers a risk that resides in more than one state.
 - An exempt commercial purchaser/commercial insured (ECP/CI) is an insured that meets three requirements and the policy is exempt from a diligent search. (Refer to California Insurance Code (CIC), Section 17601.1(b))

Create Renewal Wizard: Policy Details

The screenshot shows the 'Create Renewal Wizard' interface for SLIP (Surplus Lines Information Portal) and SLA (Surplus Lines Association) in California. The user is logged in as PATBRK, on behalf of [8466] SURPLUS INSURANCE BROKER (0A111111), SAN FRANCISCO. A green message bar indicates 'Transaction saved successfully for Policy Number ABC123.' The wizard is currently on the '2: Policy Details' step, with previous steps being '1: Options', '3: Transaction Details', '4: Documents', and '5: Verify and Submit'.

Policy / Binder Number: ABC123
Policy Type: Standard [Change](#)

Multi-State Policy: NO [Change](#)
Multiple Insurers: NO [Change](#)
Exempt Commercial Purchaser: NO [Change](#)

Enter the details for this new Policy.

* Primary Insured Name: [X](#)

Secondary Insured Name:

Insured Address Line 1:

Insured Address Line 2:

City: State: * Zip:

Country:

SIC Type:
SIC Code:

Policy Notes: [Add Policy Notes](#)

* Indicates fields that are required for submission to the SLA.

[Back](#) [Save for Later](#) [Next](#)

- ▶ The primary insured name and zip code are carried forward from the initiating policy.

Create Renewal Wizard: Transaction Details

Create Renewal Wizard

1: Options 2: Policy Details **3: Transaction Details** 4: Documents 5: Verify and Submit

Policy / Binder Number: 1234560 [Change](#)
 Policy Type: Standard [Change](#)

Multi-State Policy: NO [Change](#)
 Multiple Insurers: NO [Change](#)
 Exempt Commercial Purchaser: NO [Change](#)

Provide the transaction type and details.
 Please provide the specific details for this transaction below.

* Transaction Type: * Effective Date: Expiration Date: * Invoice Date:
☐ Open Ended (Leave blank if Premium is \$0.00)

INSURER

* Insurer Name (NAIC #) - Status

Note: Carriers appearing on the dropdown list are only those on the LASLI and/or on the NAIC-IID Quarterly Listing of Alien Insurers. If the carrier does not appear on the dropdown list, please ensure you have determined that the carrier has met the California eligibility requirements under Insurance Code Section 1765.1.

COVERAGES

* Coverage Code - Description	* Premium
500 GENERAL LIABILITY - GENERAL LIABILITY	\$0.00
Select Coverage Code	\$0.00

Gross Premium: \$0.00

FEES

Fee Name	Include in Premium (Subject to Tax)	Fee Amount
POLICY FEE	<input type="checkbox"/>	\$0.00
INSPECTION FEE	<input type="checkbox"/>	\$0.00
BROKER FEE	<input type="checkbox"/>	\$0.00
OTHER FEES	<input type="checkbox"/>	\$0.00

1 Total Fees: \$0.00
 2 Taxable Premium (Including Fees): \$0.00
 3 Estimated CA SL State Tax (3%): \$0.00
 4 Estimated Stamping Fee: \$0.00

* Indicates fields that are required for submission to the SLA.

[Back](#) ☒ Save for Later [Next](#)

- ▶ If the prior policy was registered by the SLA the following information is carried over to the renewal:
 1. Insurer
 2. Coverage
- ▶ Each field can be updated if the information has changed on the renewal.

Create Renewal Wizard: Saving Your Renewal

You are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FRANCISCO. [\[Change Location\]](#)

Transaction saved successfully for Policy Number ABC TEST.

Create Renewal Wizard

1: Options 2: Policy Details 3: Transaction Details 4: Multi-State 5: Documents 6: Verify and Submit

Policy / Binder Number: ABC TEST
Policy Type: Standard [Change](#)

Multi-State Policy: YES [Change](#)
Multiple Insurers: NO [Change](#)
Exempt Commercial Purchaser: NO [Change](#)

Provide the transaction type and details.

Please provide the specific details for this transaction below:

* Transaction Type:
* Effective Date:
Expiration Date:
☐ Open Ended
* Invoice Date:
(Leave blank if Premium is \$0.00)

INSURER

* Insurer Name (NAIC #) - Status

Note: Carriers appearing on the dropdown list are only those on the LARSJ and/or on the NAIC-ILD Quarterly Listing of Alien Insurers. If the carrier does not appear on the dropdown list, please ensure you have determined that the carrier has met the California eligibility requirements under Insurance Code Section 1765.1.

COVERAGES

* Coverage Code - Description	* Premium
<input type="text" value="Select Coverage Code"/>	\$0.00

Gross Premium: \$0.00

FEES

Fee Name	Include in Premium (Subject to Tax)	Fee Amount
POLICY FEE	<input type="checkbox"/>	\$0.00
INSPECTION FEE	<input type="checkbox"/>	\$0.00
BROKER FEE	<input type="checkbox"/>	\$0.00
OTHER FEES	<input type="checkbox"/>	\$0.00

Total Fees: \$0.00
Taxable Premium (Including Fees): \$0.00
Estimated CA SL State Tax (3%): \$0.00
Estimated Stamping Fee: \$0.00

* Indicates fields that are required for submission to the SLA.

[Back](#) [Save for Later](#) [Next >](#)

- ▶ Update the effective and invoice dates.
- ▶ Update the insurer and coverage information if applicable.
- ▶ Enter the premium and any taxable fees.
- ▶ Click on the Next button to navigate to the next screen, or the Save for Later button if you choose not to submit to SLA at this time.

Create Renewal Wizard: Documents

SLIP
Surplus Lines Information Portal

SLA
SURPLUS LINES ASSOCIATION
CALIFORNIA

HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HELP SETTINGS LOGOUT

You are logged in as PATBRK, on behalf of [8486] TEST (TEST), SAN FRANCISCO. [\[Change Location\]](#)

Transaction saved successfully for Policy Number ABC ABC.

Create Renewal Wizard

Create Renewal Wizard

1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit

Policy / Binder Number: ABC ABC
Policy Type: Standard [Change](#)
Primary Insured Name: TEST ENVIRONMENT
Insured Address: CA 94111
UNITED STATES
Transaction Type: Renewal
Effective Date: 05/23/2017
Expiration Date: 05/23/2018
Invoice Date: 05/31/2017
Coverage Codes: 500 GENERAL LIABILITY - GENERAL LIABILITY
\$0.00

Multi-State Policy: NO [Change](#)
Multiple Insurers: NO [Change](#)
Exempt Commercial Purchaser: NO [Change](#)
Insurer Name: TEST INSURER
Total Premium: \$0.00
Estimated CA SL State Tax: \$0.00
Estimated Stamping Fee: \$0.00

Upload supporting documentation for this Renewal transaction.
All submitted Renewals must contain a Declarations Page/Binder/Cover Note/Certificate as well as a completed SL1 Form. Some New Business Policies may also require an SL2 Form or GAP Form or other associated documents. You may complete and submit SL1, SL2, and Gap Forms online or you can upload any required forms as well as other supporting documents from your computer. Please select from the following options.

Transaction Documents

File Name	Document Types	Upload Date	Uploaded By	File Size	Pages
No items to display					

Upload a Document

Select file ... Note: Files must be less than 10MB in size and in one of the following formats: TIFF, PDF, PNG, PDF/A, or JPG/JPEG.

Online SL Forms

[Complete SL1 Form](#) [Complete SL2 Form](#) [Complete GAP Form](#)

[Back](#) ☒ Save for Later [Next](#)

- ▶ Required documents to upload:
 - Declaration page/binder/certificate
 - Multiple insurer list (if applicable)
- ▶ If you are not completing the online SL1 and SL2 forms, you must upload copies of the completed forms.
- ▶ Select the file(s) you wish to upload.
 - Remember that the upload will only be successful if the documents are less than 10MB in size and in a TIFF, PDF, PNG, PDF/A, or JPG/JPEG format.

Create Renewal Wizard: Document Types

Transaction Documents

File Name	Document Types	Upload Date	Uploaded By	File Size	Pages
No items to display					

Upload a Document

Select file ...

01192016 23.PDF

Document Type(s):

<input type="checkbox"/> Declarations Page or Binder or Certificate	<input type="checkbox"/> Certificate to Master Policy	<input type="checkbox"/> Other Document Type
<input type="checkbox"/> Endorsement Document	<input type="checkbox"/> Multi-State - Premium by State	
<input type="checkbox"/> Syndicate List	<input type="checkbox"/> SL1 Form	
<input type="checkbox"/> Coversheet	<input type="checkbox"/> SL2 Form	
<input type="checkbox"/> Invoice Statement	<input type="checkbox"/> GAP Form	
<input type="checkbox"/> Bordereau	<input type="checkbox"/> Multiple	

Upload Cancel

< Back Save for Later Next >

- ▶ Once a document has been selected, check the document type(s) that is included in the selected file.
- ▶ Click the Upload file and the file will be listed under the Transaction Document header.
- ▶ You can select one pdf and click on multiple document types contained within the pdf or select one pdf per document type.

Online Confidential Report of Placement

Section 1

If you have selected the [Complete SL1 Form](#) button:

- ▶ You can enter the broker's name and license number, or organizational name and license number.
- ▶ You can select from a list of transactors created by your master user from the drop down menu.

Section 2

The information entered on the policy details screen will be transferred over to the corresponding fields on this form.

- ▶ Enter any information not entered in the policy entry screen, such as the description of risk and location of risk.
- ▶ If the location of risk is the same as the insured's address, check the box Same as Above.
- ▶ If there is more than one location of risk, check the box labeled Various .

Section 3

- ▶ Name of insurer is carried forward from policy details. Enter date of signature and check the electronic signature box.

SL1 Form


Policy / Binder Number:

California Premium:

Please select one of the two options below:

☐ The following information, accompanied by a copy of the declarations page or certificate or binder, is submitted for an insurance coverage or risk listed on the current California Department of Insurance Report List. (California Insurance Code Section 1933.1.)

☐ The following information, accompanied by a copy of the declarations page or certificate or binder, and a fully executed copy of the diligent search report (SL-2 Form), is submitted in accordance with California Insurance Code Section 1933.5.)

Insert Service Transaction: 

1. FIRST AND LAST NAME OF BROKER hereby submits that he/she is:

(A) a duly licensed surplus line broker, license number: or,

(B) a transaction on the surplus line license of: ,

(C) ORGANIZATION LICENSE NUMBER , and, that he/she or said organizational licensee has engaged by the insured, or the insured's broker, named herein, to obtain insurance against certain risk as described in this report.

2. RISK DESCRIPTION

(A) Name of insured:

(B) Address of insured:

STREET AND NUMBER

ADDRESS LINE 2

CITY

UNITED STATES

(C) Description of Risk:

(D) Location of Risk:

STREET AND NUMBER

ADDRESS LINE 2



CITY

UNITED STATES

☐ Same as above

☐ Various locations

(E) Report List or Coverage Code

Coverage Code - Description	
400 INDIVIDUAL INSURED WITH LARGE SCHEDULES WHERE THE TOTAL INSURED VALUES ARE IN EXCESS OF \$400 MILLION - FIRE & A	
Select Coverage Code	

3. PLACEMENT DESCRIPTION

List Handwritten Insured(s) Underwriting This Policy with % of Premium. (Include an attachment if additional space is needed, or attach a line slip.) If Gap provision applies, please include Gap Form Attachment. For Multiple Insurers, please upload Syndicate List/Multiple Insurer List on the Associated Documents screen.


See Attached: Multiple Insurer/Syndicate List Uploaded.

Note: Carriers appearing on the drop-down list are only those on the L&LS and/or on the NAIC-ICD Quarterly Listing of alien insurers. If the carrier does not appear on the drop-down list, please ensure you have determined that the carrier has met the California eligibility requirements under Insurance Code Section 1769.1.

Signature of Person Named on Line 1:

DATE/TIME

Date of Signature

 By checking this field and providing a signature date, I am electronically signing this form and agree that all the information contained herein is accurate to the best of my knowledge.

SL1 (Revised January 16, 1997)

Cancel Save Form

Online Diligent Search Report-Sections 1 through 3

SL2 Form

SL2 - Diligent Search Report

Insert Saved Transactor:

1. FIRST AND LAST NAME OF BROKER , hereby submits that he/she is:

(A) Duly licensed under California Department of Insurance license number BROKER/AGENT LICENSE NUMBER ; or,

(B) Duly licensed and authorized to act as an endorsee on the organizational license of NAME OF ORGANIZATION .

California Department of Insurance license number ORGANIZATION LICENSE NUMBER ; and

(C) that he/she or said organizational licensee was engaged by the insured named herein, or the insured's broker, to obtain insurance as described in this report; and

(D) is the licensee who performed or supervised this diligent search.

2. (A) Name of insured TESTING POLICY

(B) Address of insured

STREET AND NUMBER

ADDRESS LINE 2

CITY CALIFORNIA 94111

UNITED STATES

(C) Description of Risk E.G., LAUNDROMAT, LIQUOR STORE - NOT TYPE OF COVERAGE

☐ Same as above

☐ Various locations

(D) Location of Risk

STREET AND NUMBER

ADDRESS LINE 2

CITY CALIFORNIA ZIP CODE

UNITED STATES

(E) Type of Coverage

Coverage Code - Description	
500 GENERAL LIABILITY - GENERAL LIABILITY	<input type="text"/>
Select Coverage Code	<input type="text"/>

3. If Private Passenger Automobile Liability Insurance is identified on line 2(E), complete the following:

(A) Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code?

☐ YES ☐ NO

(B) Does the coverage that you have placed include, in whole or in part, the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)?

☐ YES ☐ NO

Section 1

- ▶ If you have selected the **Complete SL-2 Form** button:
 - Enter the placing broker's first and last name, or
 - Select a transactor from a drop-down list of transactors created by your master user.
- If you select a transactor from the drop-down list, the broker's license number will populate with the license you have on file.

Section 2

- ▶ The information entered on the SL1 form will be transferred over to the corresponding fields on this form.

Section 3

- ▶ If coverage pertains to private passenger automobile liability, complete sections 3(A) through (C).

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Online Diligent Search Report-Sections 4 through 7(B)

(C) If YES, has this risk been submitted to and found to be ineligible by C&AAPP?
☐ YES ☐ NO

4. (A) If Health Insurance is identified on line 2(E), does the insured qualify as a "Small Employer" under Section 10700(x) of the California Insurance Code?
☐ YES ☐ NO

5. If this insurance was placed pursuant to Section 125 of the California Insurance Code governing transactions with risk purchasing groups authorized by the Federal Liability Risk Retention Act of 1986, complete the following:
(A) Provide the name and address of the purchasing group of which the insured is a member:
RISK PURCHASING GROUP NAME:
RISK PURCHASING GROUP STREET AND NUMBER:

6. (A) Describe the diligent efforts made to place this coverage with admitted insurers and describe how the search was performed (please add additional pages if necessary):

(B) If search was performed by someone other than the person named on line 1, please provide full name of that individual:
NAME OF INDIVIDUAL:

7. (A) Was the risk described in Section 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California and who actually write the type of insurance described on lines 2(C) and 2(E)?
☒ YES ☐ NO

(B) If YES, please complete ALL sections of the following table; if NO, skip to **SECTION 8**.

Admitted Company:	-- SELECT --			
Company Representative:	FIRST AND LAST NAME	AREA CODE	PHONE NUMBER	<input type="radio"/> Employee <input type="radio"/> Agent
or Destination Website:	DECLARATION WEBSITE			
Destination Date:	MM/YYYY <input type="text"/>			
Destination Code:	-- SELECT --			

Admitted Company:	-- SELECT --			
Company Representative:	FIRST AND LAST NAME	AREA CODE	PHONE NUMBER	<input type="radio"/> Employee <input type="radio"/> Agent
or Destination Website:	DECLARATION WEBSITE			
Destination Date:	MM/YYYY <input type="text"/>			
Destination Code:	-- SELECT --			

Admitted Company:	-- SELECT --			
Company Representative:	FIRST AND LAST NAME	AREA CODE	PHONE NUMBER	<input type="radio"/> Employee <input type="radio"/> Agent
or Destination Website:	DECLARATION WEBSITE			
Destination Date:	MM/YYYY <input type="text"/>			
Destination Code:	-- SELECT --			

[View the Admitted Insurers List from the C&A](#)

Section 4

- ▶ If the coverage pertains to health insurance for a small employer as defined by CIC section 10700(x), complete section 4.

Section 5

- ▶ If the policy was placed with a risk purchasing group (RPG), you would enter the name and address of the RPG. You will need to determine if the RPG was registered with California, and if the insurer writing the risk was authorized under the RPG.

Section 6(A) and BB)

- ▶ Enter the diligent search effort to place the risk with an admitted carrier.
- ▶ If someone other than the person named on line 1 performed the diligent search, enter the first and last name of the unlicensed individual who actually conducted the search.

Section 7(A) and (B)

- ▶ If 7(A) is answered yes because the risk was submitted to at least three admitted carriers, complete section 7(B). The Yes button is selected by default and section 7(B) is enabled. Complete the fields for each insurer.
- ▶ If 7(B) is answered no because the risk was not submitted to at least three admitted carriers, section 7(B) will be disabled and section 8(A) is enabled.

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Online Diligent Search-Sections 8 through Electronic Signature

Section 8(A)

8. If 7(A) was answered NO, complete the following:

(A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)?

☐ YES ☐ NO

(B) If NO, please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance.

(C) If YES, please describe how you made this determination.

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a nonadmitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

Signature of Person Named on Line 1

MM/DD/YYYY ☐
Date of Signature

X By checking this field and providing a signature date, I am electronically signing this form and agree that all the information contained herein is accurate to the best of my knowledge.

SL2 (Revised 06/2004)

Cancel Save Form ☒

- ▶ If 7(B) was answered no because the risk was not submitted to at least three admitted carriers, you will skip the table and complete section 8(A) and 8(B) or 8(C).
 - If your answer to section 8(A) was yes and you determined that fewer than 3 admitted insurers wrote the type of insurance mentioned in lines 2(C) and 2(E), then complete 8(C).
 - If you answer to section 8(A) was no, then explain why the risk was submitted to less than three admitted carriers in California in section 8(B).
- ▶ Complete **both** the Date of Signature field and check the box to electronically sign the form.
- ▶ Click the Save Form button.

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Create a Renewal from Scratch

SLIP
Surplus Lines Information Portal

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HOME | POLICIES | SUBMISSIONS | TAGS | ACCOUNT | REPORTS | ANALYTICS | USERS | CONTACTS | HELP | SETTINGS | LOGOUT

You are logged in as PATBRIK, on behalf of [6486] TEST (TEST), SAN FRANCISCO. [\[Change Location\]](#)

Create Renewal Wizard

Create Renewal Wizard

Policy Search

Search for the existing policy you wish to renew.

Policy Number: Name of Insured: Effective Date: to

Policy Search Results

Policy / Binder Number	Name of Insured	Policy Type	Effective Date	Expiration Date	Transaction Count
No records found. Please modify your search criteria and try again.					

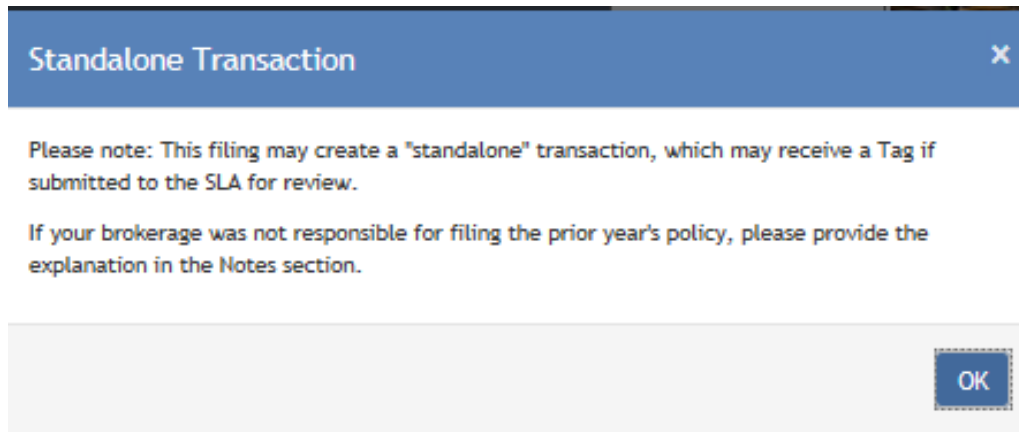
10 items per page No items to display

If the original policy is not found in the system, you can [click here to Create a Renewal from Scratch](#). This will create a new policy for the Renewal under the current location.

- ▶ If the search results bring back zero records, you can create a renewal from scratch.
- ▶ On the search results page, click on the [click here to Create a Renewal from Scratch](#) link.

Create a Renewal from Scratch: Standalone Transaction

- ▶ The steps to creating a renewal from scratch from this point follow the same process as creating any renewal except for two issues:
 - After the options page, the system will generate a standalone transaction message that tells the user that this renewal has not been linked to the prior year's policy and may receive a tag.
 - Because the renewal was created from scratch, information from the prior policy will not be carried forward to the renewal.
- ▶ After selecting OK, return to the instructions beginning with [Policy Details](#).



Verify and Submit

SLIP Surplus Lines Information Portal | **SLA** CALIFORNIA

HOME POLICIES SUBMISSIONS TAGS ACCOUNT REPORTS ANALYTICS USERS CONTACTS HELP SETTINGS LOGOUT

You are logged in as PATBRK, on behalf of [8466] SURPLUS INSURANCE BROKER (0A111111), SAN FRANCISCO. [\[Change Location\]](#)

Transaction saved successfully for Policy Number ABC123.

Create New Policy Wizard

1: Options 2: Policy Details 3: Transaction Details 4: Documents 5: Verify and Submit

Policy / Binder Number: ABC123	Multi-State Policy: NO Change
Policy Type: Standard Change	Multiple Insurers: NO Change
Primary Insured Name: TEST	Exempt Commercial Purchaser: NO Change
Insured Address: CA 94100 UNITED STATES	Insurer Name: ELIGIBLE INSURER
Transaction Type: New Business	Total Premium: \$500.00
Effective Date: 06/08/2016	Estimated CA SL State Tax: \$15.00
Expiration Date: 06/08/2017	Estimated Stamping Fee: \$1.00
Invoice Date: 06/07/2016	Document Summary: 3 files included
Coverage Codes: 400 SINGLE FAMILY DWELLING/DUPLEX - FIRE & ALLIED LINES \$500.00	

Review the policy and transaction details for accuracy.

Please review the details shown above and ensure they accurately reflect the data you wish to submit. When satisfied, click the Submit to SLA button below to submit this transaction to the SLA. If you need more time, you can click the Save for Later button to save your progress without submitting.

* Indicates fields that are required for submission to the SLA.

< Back

- ▶ Review the policy information for correctness.
- ▶ This example policy does not have any alerts and the pink banner does not display (for how to address alerts, see slide 9).
- ▶ Click the Submit to SLA button.

Submit to SLA

Submit to SLA

Please review and enter any additional information for this submission if necessary. When ready, press the Submit button to submit these transactions to the SLA for review.

Policy Number	Name of Insured	Transaction Type	Effective Date	\$ Premium	\$ Stamping Fee	\$ State Tax
ABC123	TEST	New Business	06/08/2016	\$500.00	\$1.00	\$15.00

Broker Reference Number:

Broker Reference Date:

Submission Notes:

- ▶ If your policy is past the 60 day postmarked date and the policy is late, the Late Filing with Explanation box will be displayed.
- ▶ If you want to write the SLA about an issue that pertains to the transaction, write a note in Submission Notes.
- ▶ Click on the Submit button.