

THE SURPLUS LINE ASSOCIATION
OF CALIFORNIA

THOMAS A. SCADDEN
MANAGER
ROSS MURPHY
ASST. MANAGER

315 MONTGOMERY STREET
SAN FRANCISCO, 4

SAN FRANCISCO
TELEPHONE YUKON 8-0763
LOS ANGELES
510 SOUTH SPRING STREET
MADISON 9-2571

March 30, 1956

No. 20

BULLETIN TO ALL MEMBERS:

RE: SL-1 FORM TRANSFERRED TO AND
MADE A PART OF THE CERTIFICATE

The Executive Committee, at its meeting on January 19, 1956, reviewed the proposal of a member to transfer the SL-1 Form to the upper part of the Stamping Office copy of the certificate. Samples of the form which the member was to use were submitted to the Committee at this meeting.

There were present at the meeting also, two members of the Insurance Commissioner's office who, at that time, stated they saw no objection to this procedure. Later, copy of the proposed certificate form was submitted to the Insurance Department and the result of this action is set forth in copy of letter dated March 26, 1956, addressed to this office, which is enclosed herewith.

Also enclosed is a copy of the proposed certificate to be used when the necessary parts of the SL-1 Form are transferred to and made a part of a certificate.

It will be necessary for any member using this certificate form, to insert on the form when it is sent to the Stamping Office, the name of the producer.


MANAGER

TAS-J
Enc (2)



STATE OF CALIFORNIA
Department of Insurance

1182 MARKET STREET
SAN FRANCISCO 2

March 26, 1956

The Surplus Line Association of California
315 Montgomery Street
San Francisco 4, California

ATTENTION: Mr. Thomas A. Scadden, Manager

Subject: SL-1 Form transferred to and
made part of the certificate

Gentlemen:

This will confirm the results of our conversation on March 20, 1956, relating to the proposed revised form mentioned in the subject above, as attached to your letter of March 20, 1956, addressed to this department.

This confirms that our review of the form fails to reveal any respect to which we have objection, except that the form does not contain thereon a space for showing the name of the initial producer. It is our understanding, however, that the name of the producer will be inserted on the form, probably at the top thereof, and we urge that there be printed on the form a direction that the name of the producer be inserted.

Very truly yours,

F. BRITTON McCONNELL
Insurance Commissioner

By

A handwritten signature in cursive script, appearing to read "J. N. Andrews".

J. N. ANDREWS
Assistant Chief
Compliance & Legal Division

JNA:MS

PACIFIC MARINE INSURANCE AGENCY, INC.

the Insurance Commissioner of the State of California:

The following statement of insurance, written or proposed to be written in non-admitted insurers, is hereby offered for filing, pursuant to the provisions of section 1763 of the Insurance Code, after refusal to accept the coverage by a majority of admitted insurers. Copy of certificate of insurance, binder, cover note or other evidence of coverages, together with any other written documents required to be filed, are hereby forwarded.

Nearest rate and premium in admitted insurer and name of admitted insurer from whom procured:

Such insurer's manual or tariff rate if published: (Refer to manual or tariff page)

Statement of reason for placing with non-admitted insurer:

PACIFIC MARINE INSURANCE AGENCY, INC.

By:

(Signature)

In favor of

address:

type of coverage:

in the amount of

AMOUNT		PREMIUM
Assured	\$	\$
	\$	\$
	\$	\$
	\$	\$
	% State Tax	\$
	% Federal Tax	\$
	% Stamping Fee	\$
	Policy Fee	\$
		\$

Lloyd's

% Companies

%

% Producer's Comm.

Net due from Producer

Producer

Beginning at 12:01 A.M. on the day of

and ending at 12:01 A.M. on the day of
standard time at the place of location of risks insured and in accordance with
the terms and conditions of the form(s) attached.

DATE
REWRITE OF
RENEWAL OF
CONTRACT
COMM.

CODE

AUDIT

LINED

United States Internal Revenue Documentary Stamps in the amount shown above, applicable to this insurance have been affixed to the office record of this Certificate retained by the above. The law provides for no Federal Tax refund once the insurance attaches.

SURPLUS LINE

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