

April 20, 1995 BULLETIN #694

RE: CORRECTION TO THE REVISED SL-1 FORM

It has come to our attention that the revised SL-1 Form distributed under cover of Bulletin #693, dated April 12, 1995, contained a typographical error. The error is on Page One, Item #2, Risk Description, letter (E), "Type of Insurance Coverage." Please note, tile page number referenced in parentheses should read "Page 2." Attached is a replacement copy of Page One of the revised SL-1 Form for your records.

We apologize for any inconvenience this may have caused. Should You have questions or concerns, please let us know.

Edgar S. Clark
Executive Director

Policy Number: Calif. Premium:

(California Insurance Code Section 1763 (a)

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

search report and a copy of the declarations page or certificate or binder.

Please refer to the instructions on Page 2. This form must be accompanied by a diligent

hereby submits	
that he/she is:	
(A) A duly licensed surplus line broker, license number	
or (B)A transactor on the surplus line license of	
(Name of Organization), license number	
and (C) that he/she or said organizational licensee was 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 3. (A) Name of Insured	
(City) (State) (Zip Code)	
(C) Description of the Pick	

(e.g. Laundromat, Liquor Store, NOT TYPE OF COVERAGE)
(D) Location of the Risk(Street and Number)
(City) (State) (Zip Code) (E) Type of Insurance coverage (Enter Appropriate Code Number-See Codes on Page 2)
3. PLACEMENT DESCRIPTION List Nonadmitted Insurer(s) Underwriting This Policy with % of Premium. (Include an attachment if additional space needed or attach a line slip) If GAP provision applies, please include GAP Exemption Form-Attachment.
NAME OF NONADMITTED INSURER(S) % OF PREMIUM_
(Signature of Person Named on Line 1) (Date)

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