



## Filing Checklist

### **Coversheet** checklist:

- “Commercial Insured”/(ECP)\* column
- Insured name
- Transaction type
- Policy number
- Premium
- Stamping fee
- State tax
- Invoice date
- % of California premium if multi state risk
- Reason for late filing, if applicable

\*To determine if the insured qualifies as a “commercial insured” please go to this link:

<http://www.slacal.org/docs/default-source/general-content-documents/NRRA-Docs/ecp-checklist.pdf>

### **Declaration page** checklist:

- Policy number
- Insured name
- Policy period
- Name of insurer, **or**
- Syndicate list and percentage of participation for policies with multiple insurers
- Type of coverage
- Premium amount
- Taxable fees

### **SL1** checklist:

- Policy number matches the policy number on the declaration page
- Insured name matches the insured name on the declaration page
- Insured address
- Description of risk, or what is being insured
- Physical location of risk
- Coverage code
- Full name of non-admitted insurer that matches the name of the insurer on the policy declaration page
- Percentage of participation
- Signature of person named on line 1 – signature font is not acceptable
- Date of signature

**SL2** checklist:

- Insured name matches the insured name on the declaration page and SL1 form
- Insured address
- Description of risk, or what is being insured
- Physical location of risk matches the physical location on the SL1 form
- Coverage code
- Section 6(a) states the search effort to place the risk with an admitted carrier
- Section 7(b) shows the following:
  - Full name of admitted carrier, **or** part of name **and** NAIC#
  - Full name of company representative and telephone number, **or** website address
  - Identify whether company rep is an employee or agent
  - Month/year of declination that is within one year of policy effective date
  - Declination code
- Signature of person named on line 1 – computerized font is not acceptable.
- Date of signature

**Endorsement** (includes cancellations, audits) checklist:

- Policy number
- Insured name
- Endorsement effective date
- Premium amount
- Taxable fees
- For extension endorsements more than 90 days in the aggregate:
  - Completed SL1 form
  - Completed SL2 form
  - Full name of company representative and telephone number, **or** website address
  - Identify whether company rep is an employee or agent
  - Month/year of declination that is within one year of policy effective date
  - Declination code
- Signature of person named on line 1 – computerized font is not acceptable.
- Date of signature