



**Confidential Report of Placement (SL-1
Form) Deconstructed**
The Surplus Line Association of California

Preface

The surplus line broker is responsible for completing the Confidential Report of Placement (SL-1 form) for every placement of a California home state insured with a surplus line carrier.

The SL-1 form is a one-page form that identifies the broker who placed the risk, the insured covered by the policy, and the surplus line insurer or insurers who wrote the policy.

The purpose of this guide is to deconstruct the SL-1 form in its parts and focus on what is required for each section. With a better understanding of what the requirements are, it will be easier to complete the form correctly.

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Confidential Report of Placement: Surplus Line Broker's Responsibilities

- ▶ The surplus line broker is responsible for:
 - Completing the Confidential Report of Placement and signing and dating the form.
 - Filing the form with the Commissioner or his or her designee (SLA).
 - Per California Insurance Code (CIC), Section 1763 (a):

“Each surplus line broker shall file with the Commissioner or his or her designee, within 60 days of placing any insurance for a home state insured with a nonadmitted insurer, a written report that shall be kept confidential, regarding the insurance. This report shall include the name and address of the insured, verification that the insured is a home state insured, the identity of the insurer or insurers, a description of the subject and location of the risk, the amount of premium charged for the insurance, a copy of the declarations page of the policy or a copy of the surplus line broker's certificate or binder evidencing the placement of insurance, and other pertinent information that the Commissioner may reasonably require.”

Confidential Report of Placement: Conditions of Placement

- ▶ When filing the SL-1 form with the Commissioner or his/her designee (SLA), a copy of the policy declarations page, binder, cover note, or certificate must be attached.

- ▶ The information on the SL-1 form must correspond to the information on the policy declarations page, binder, cover note, or certificate and whether the Diligent Search Report (SL-2 form) is required, including:
 - Policy number
 - Insured name
 - Location of risk
 - Name of insurer

Confidential Report of Placement (Original Form)

Policy Number: _____
California Premium: _____

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2, and the attached current California Export List for assistance in completing this form.

Please check **ONE** box only:

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 Export List. (California Insurance Code Section 1763.1)

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 1763(a).

1. _____ 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)

(C) _____ and, (License Number)

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**

(A) Name of Insured _____

(B) Address of Insured _____
(Street and Number)

(City) _____ (State) _____ (Zip Code) _____

(C) Description of Risk _____
(e.g., Laundromat, Liquor Store, - NOT TYPE OF COVERAGE)

(D) Location of Risk _____
(Street and Number)

(City) _____ (State) _____ (Zip Code) _____

(E) **Export List Code OR Coverage Code** _____
(Coverage Codes listed on Page Two; Export List Codes listed on Export List)

3. **PLACEMENT DESCRIPTION**

List Nonadmitted Insurer(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 Exemption Form Attachment.**

NAME OF NONADMITTED INSURER(S)	% OF PREMIUM

Signature of Person Named on Line 1

Date

SL-1 Form (Revised January 16, 1997)

Confidential Report of Placement: Tag Violations

- ▶ The Surplus Line Association of California (SLA) is the Insurance Commissioner's designee for reviewing policies for home state insureds written by surplus line insurers.
- ▶ When documents are incomplete or in violation of the California Insurance Code, the brokers are notified through a tag, stating the error and what needs to be corrected.

Confidential Report of Placement: Breakdown by Sections

- ▶ The SL-1 form is composed of 6 sections:
 - Section 1—policy number and California premium being filed
 - Section 2—identify whether coverage is on Export List
 - Section 3—the licensee who conducted or supervised the diligent search.
 - Section 4—details of the insured and risk
 - Section 5—the name of the insurer and the percentage of participation
 - **If multiple insurers, attach a list of the insurers and each respective percentage of participation**
 - Section 6—Signature and date

Confidential Report of Placement: Segmented by Sections

1 Policy Number: _____
California Premium: _____

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2, and the attached current California Export List for assistance in completing this form.

2 Please check **ONE** box only:

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 Export List. (California Insurance Code Section 1763.1)

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 1763(a).

3 1. _____ 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)

(C) _____ and,
(License Number)

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.

4 2. **RISK DESCRIPTION**

(A) Name of Insured _____

(B) Address of Insured _____
(Street and Number)

(City) (State) (Zip Code)

(C) Description of Risk _____
(e.g., Laundromat, Liquor Store, - NOT TYPE OF COVERAGE)

(D) Location of Risk _____
(Street and Number)

(City) (State) (Zip Code)

(E) **Export List Code OR Coverage Code** _____
(Coverage Codes listed on Page Two; Export List Codes listed on Export List)

5 **LIST NONADMITTED INSURER(S)**

List Nonadmitted Insurer(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 Exemption Form Attachment.**

NAME OF NONADMITTED INSURER(S)	% OF PREMIUM
_____	_____
_____	_____
_____	_____

6 _____
Signature of Person Named on Line 1

_____ Date

SL-1 Form (Revised January 16, 1997)

Confidential Report of Placement: Section 1—Policy Number and California Premium

Policy Number: _____ California Premium: _____								
CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT								
<p>Please refer to the instructions on Page 2, and the attached current California Export List for assistance in completing this form.</p> <p>Please check ONE box only:</p> <p><input type="checkbox"/> 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 Export List. (California Insurance Code Section 1763.1)</p> <p><input type="checkbox"/> 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 1763(a).</p> <p>1. _____ hereby submits that he/she is:</p> <p>(A) a duly licensed surplus line broker, license number _____, or,</p> <p>(B) a transactor on the surplus line license of _____, (Name of Organization)</p> <p>(C) _____ and, (License Number)</p> <p>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.</p> <p>2. RISK DESCRIPTION</p> <p>(A) Name of Insured _____</p> <p>(B) Address of Insured _____ <small>(Street and Number)</small></p> <p>_____ <small>(City) (State) (Zip Code)</small></p> <p>(C) Description of Risk _____ <small>(e.g., Landromat, Liquor Store, NOT TYPE OF COVERAGE)</small></p> <p>(D) Location of Risk _____ <small>(Street and Number)</small></p> <p>_____ <small>(City) (State) (Zip Code)</small></p> <p>(E) Export List Code OR Coverage Code _____ <small>(Coverage Codes listed on Page Two; Export List Codes listed on Export List)</small></p> <p>3. PLACEMENT DESCRIPTION</p> <p>List Nonadmitted Insurer(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 Exemption Form Attachment.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">NAME OF NONADMITTED INSURER(S)</th> <th style="text-align: left; border-bottom: 1px solid black;">% OF PREMIUM</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table> <p>_____ <small>Signature of Person Named on Line 1</small> <small>Date</small></p>	NAME OF NONADMITTED INSURER(S)	% OF PREMIUM	_____	_____	_____	_____	_____	_____
NAME OF NONADMITTED INSURER(S)	% OF PREMIUM							
_____	_____							
_____	_____							
_____	_____							
SL-1 Form (Revised January 16, 1997)								

- ▶ Enter the policy number.
 - Policy number should match the policy number stated on the policy declarations page, binder, cover note or certificate.

- ▶ Enter the premium filed with this transaction on the California premium field.
 - The premium should match the amount being filed.
 - Separate the taxable fees underneath the premium.

Confidential Report of Placement: Section 2—Export List Checkbox

Policy Number: _____
California Premium: _____

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2, and the attached current California Export List for assistance in completing this form.

Please check **ONE** box only:

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 Export List. (California Insurance Code Section 1763.1)

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 1763(a).

1. _____ 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)

(C) _____ and,
(License Number)
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**

(A) Name of Insured _____

(B) Address of Insured _____
(Street and Number)

(City) (State) (Zip Code)

(C) Description of Risk _____
(e.g., Laundromat, Liquor Store, - NOT TYPE OF COVERAGE)

(D) Location of Risk _____
(Street and Number)

(City) (State) (Zip Code)

(E) **Export List Code OR Coverage Code** _____
(Coverage Codes listed on Page Two; Export List Codes listed on Export List)

3. **PLACEMENT DESCRIPTION**

List Nonadmitted Insurer(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 Exemption Form Attachment.**

NAME OF NONADMITTED INSURER(S)	% OF PREMIUM
_____	_____
_____	_____
_____	_____

Signature of Person Named on Line 1

Date

SL-1 Form (Revised January 16, 1997)

- ▶ If the coverage qualifies under the California Insurance Department's Export List, then check the top box. The Diligent Search Report is not required.

<http://www.slacal.com/brokers/export-list>

- ▶ If the coverage does **not** qualify under the California Insurance Department's Export List, then check the bottom box and attach a copy of the Diligent Search Report (SL-2 form).

Confidential Report of Placement: Section 3—Licensee Information

- ▶ Line 1: enter first and last name of individual licensee who performed or supervised diligent search.
 - Organizational name is not acceptable on line 1.

- ▶ 1 (A) through (D): enter individual license number **or** organization name and organizational license number.

Policy Number: _____
California Premium: _____

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2, and the attached current California Export List for assistance in completing this form.

Please check **ONE** box only:

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(B) a transactor on the surplus line license of _____ (Name of Organization)

(C) _____ and, _____ (License Number)
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**

(A) Name of Insured _____

(B) Address of Insured _____ (Street and Number)

(City) (State) (Zip Code)

(C) Description of Risk _____ (e.g., Laundromat, Liquor Store, - NOT TYPE OF COVERAGE)

(D) Location of Risk _____ (Street and Number)

(City) (State) (Zip Code)

(E) **Export List Code OR Coverage Code** _____ (Coverage Codes listed on Page Two; Export List Codes listed on Export List)

3. **PLACEMENT DESCRIPTION**

List Nonadmitted Insurer(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 Exemption Form Attachment.**

NAME OF NONADMITTED INSURER(S)	% OF PREMIUM

Signature of Person Named on Line 1

Date

SL-1 Form (Revised January 16, 1997)

Confidential Report of Placement: Section 4—Insured Information

- ▶ 2(A): Enter name of insured
 - Name should match the name of insured on policy declaration page, certificate, binder or cover note
 - Name should match the name of the insured on the Diligent Search Report (SL-2 form)
- ▶ 2(B): Enter address of insured
- ▶ 2(C): Enter the **risk** being insured, such as building, home
 - Do **not** enter the **type of coverage**
- ▶ 2(D): Enter the physical location of risk
 - **P.O. Boxes are not acceptable.**
 - **If you have entered a P.O. Box on 2(B) do not state Same as Above for 2(D).**
- ▶ 2(E): Enter insurance code from page 3 of instructions.

Policy Number: _____
California Premium: _____

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

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(C) _____ and, (License Number) _____ 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

(A) Name of Insured _____

(B) Address of Insured _____ (Street and Number)

(City) _____ (State) _____ (Zip Code)

(C) Description of Risk _____ (e.g., Laundromat, Liquor Store, - NOT TYPE OF COVERAGE)

(D) Location of Risk _____ (Street and Number)

(City) _____ (State) _____ (Zip Code)

(E) **Export List Code OR Coverage Code** _____ (Coverage Codes listed on Page Two; Export List Codes listed on Export List)

3. PLACEMENT DESCRIPTION

List Nonadmitted Insurer(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 Exemption Form Attachment.**

NAME OF NONADMITTED INSURER(S)	% OF PREMIUM
_____	_____
_____	_____
_____	_____

Signature of Person Named on Line 1

Date

SL-1 Form (Revised January 16, 1997)

Confidential Report of Placement: Section 5—Insurer Information

Policy Number: _____
California Premium: _____

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

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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**

(A) Name of Insured _____

(B) Address of Insured _____
(Street and Number)

(City) _____ (State) _____ (Zip Code)

(C) Description of Risk _____
(e.g., Laundromat, Liquor Store, - NOT TYPE OF COVERAGE)

(D) Location of Risk _____
(Street and Number)

(City) _____ (State) _____ (Zip Code)

(E) **Export List Code OR Coverage Code** _____
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3. **PLACEMENT DESCRIPTION**

List Nonadmitted Insurer(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 Exemption Form Attachment.**

NAME OF NONADMITTED INSURER(S)	% OF PREMIUM
_____	_____
_____	_____
_____	_____

Signature of Person Named on Line 1

Date

SL-1 Form (Revised January 16, 1997)

- ▶ Enter the name of the surplus line insurer or insurers and their respective percentage of participation in writing the risk.
 - The name(s) of the insurer(s) should match the insurer(s) shown on the policy declaration page, binder, cover note or certificate.
 - A group name is not acceptable.
 - For multiple insurers, an attachment is acceptable.

Confidential Report of Placement: Signature and Date

Policy Number: _____
California Premium: _____

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2, and the attached current California Export List for assistance in completing this form.

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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**

(A) Name of Insured _____

(B) Address of Insured _____
(Street and Number)

(City) (State) (Zip Code)

(C) Description of Risk _____
(e.g., Laundromat, Liquor Store, - NOT TYPE OF COVERAGE)

(D) Location of Risk _____
(Street and Number)

(City) (State) (Zip Code)

(E) **Export List Code OR Coverage Code** _____
(Coverage Codes listed on Page Two; Export List Codes listed on Export List)

3. **PLACEMENT DESCRIPTION**

List Nonadmitted Insurer(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 Exemption Form Attachment.**

NAME OF NONADMITTED INSURER(S)	% OF PREMIUM
_____	_____
_____	_____
_____	_____

Signature of Person Named on Line 1

Date

SL-1 Form (Revised January 16, 1997)

- ▶ Form must be signed and dated by licensee named on line 1.
 - Digital signatures are only acceptable if listed on the Secretary of State's Approved List of Digital Signature Certification Authorities.

<https://www.sos.ca.gov/administration/regulations/current-regulations/technology/digital-signatures/approved-certification-authorities>

Contact Us

- ▶ If you have any questions, please contact the Compliance Department at

Compliance@slacal.com