



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### SURPLUS LINES APPLICATION

TO: INSURANCE COMPANIES APPLYING TO BE APPROVED NON-ADMITTED INSURERS

RE: STANDARD FOR SURPLUS LINES ELIGIBILITY

The following procedures set forth the Connecticut Insurance Department's (CID) filing requirements for insurance companies that wish to become an approved surplus lines carrier.

Applicants may apply by sending a letter of intent to the CID to become an eligible surplus lines carrier in Connecticut. The letter should include a statement confirming that the Applicant will comply with Connecticut General Statute ("CGS") §38a-794 that prohibits surplus lines brokers from writing a policy that can be placed through a residual market mechanism (home, auto and workers compensation). The Applicant shall also include a statement as provided by CGS §38a-745, that each insurance policy issued pursuant to sections 38a-741 to 38a-744, inclusive, 38a-777 and 38a-794, by a surplus lines insurer shall bear on its cover, in not less than twelve-point boldface type in capital letters, the following:

#### NOTICE

**THIS IS A SURPLUS LINES POLICY AND IS NOT PROTECTED BY THE CONNECTICUT INSURANCE GUARANTY ASSOCIATION OR SUBJECT TO REVIEW BY THE CONNECTICUT INSURANCE DEPARTMENT. IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS POLICY.**

In addition to the letter of intent, Applicants must provide the following:

#### FOR U.S. DOMICILED INSURERS:

1. Completed [Form SL-2](#) (on our web site)
2. A certificate of compliance, certified by the public official with authority for the supervision of insurance in the company's domiciliary jurisdiction, showing that it is authorized to transact the kind or kinds of insurance proposed to be transacted in Connecticut.
3. Provide proof that the company maintains total capital and surplus of at least \$15,000,000.
4. Completed [Power of Attorney Form](#). The Applicant should complete the form and attach an exhibit disclosing the name and address of the individual to whom a service of process should be forwarded.
5. All filings of the required materials shall be accompanied by a non-refundable fee of \$1,000 by check or money order payable to the "Treasurer, State of Connecticut".

FOR ALIEN INSURERS:

1. Provide the name and address of the United States Manger or Representative.
2. Provide proof that the Applicant is listed on the Quarterly Listing of Alien Insurers maintained by the International Insurers Department of the National Association of Insurance Commissioners.
3. Complete the [Power of Attorney Form](#). The Applicant should complete the form and attach exhibit disclosing the name and address of the individual to whom a service of process should be forwarded.

After all filings have been made, the Connecticut Insurance Department will advise the company if all requirements have been met for inclusion on the approved listing of Licensed Insurance Companies, Approved Reinsurers and Surplus Lines Insurers in Connecticut.

All applications should be sent to the attention of:

Maura F. Welch, CPA, CFE  
Insurance Certified Supervising Examiner  
Financial Analysis & Compliance  
P.O. Box 816  
Hartford, CT 06142-0816  
(860) 297-3827

153 Market St., 7<sup>th</sup> Floor  
Hartford, CT 06103 (overnight delivery)

Copies of Connecticut Insurance Laws may be obtained at the following locations:

**Office of the Secretary of the State  
Publications Division**  
30 Trinity Street  
Hartford, CT 06106  
(860) 509-6150

**NILS Publishing Company**  
130 Turner Street, 4th Floor  
Waltham, MA 02453  
(800) 481-1522

Or by accessing the Connecticut Insurance Department website: [www.ct.gov/cid](http://www.ct.gov/cid)