PRODUCING BROKER AFFIDAVIT
(Required by NMSA1978 Section 59 A-14-11B)

Name of producing broker: _____

Address of producing broker: _____

Being duly sworn, I affirm that

1 ***I was engaged to obtain the following policy***

Insurer: _____

Policy Number: _____

Type of Coverage: _____

Effective date: _____

2 ***(Check either A or B below as appropriate)***

☐ **A** **After making a diligent search I found that the full amount or type of insurance requested could not be obtained from authorized insurers in New Mexico.**

Or

☐ **B** **Within the last year I have tried to place this type of coverage with at least four insurers authorized in New Mexico including insurers by whom I am not appointed and therefore know from substantial recent experience that this coverage cannot be obtained from any authorized insurer in New Mexico.**

3 ***I expressly advised the insured prior to placing the insurance and the insurance policy states that:***

A the insurer with whom the insurance is placed is not an authorized insurer in New Mexico and is not subject to the supervision of the Superintendent of Insurance: and

B in the event the insurer becomes insolvent, claims will not be paid by the New Mexico guaranty association.

4 ***I have asked the insured and to the best of my knowledge this coverage is not replacing existing coverage from an authorized insurer who was willing to continue providing coverage.***

5 ***I certify I am licensed by the New Mexico Department of Insurance for the type of coverage provided and the information in this form is true and correct and is in compliance with the applicable provisions of the New Mexico Insurance Code and this rule.***

_____ _____

Signature **Date**