

NOTIFICACIÓN DE LÍNEAS EXCEDENTES PARA OHIO

Product Regulation
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Ohio Department of Insurance

Mike DeWine – Governor
Jillian Froment – Director

Surplus Lines Statement



DECLARACIÓN FIRMADA DEL ASEGURADO SEGÚN LO EXIGIDO POR EL ARTÍCULO 3905.33 DEL CÓDIGO REVISADO DE OHIO

El asegurado que se menciona _____ reconoce que la póliza de seguro (que no sea el seguro de vida) descrita anteriormente debe contratarse con una compañía de seguros no autorizada para hacer negocios en Ohio. El asegurado entiende que la compañía de seguros no es miembro de la Asociación de Garantías de Seguros de Ohio y que el capítulo 3955 del Código Revisado de Ohio no es aplicable a los solicitantes o asegurados de dicha compañía de seguros. El corredor de líneas excedentes recaudará el impuesto de Ohio del cinco por ciento del importe de la prima de la póliza de seguro en el momento en que la póliza de seguro se entregue al asegurado.

SIGNED STATEMENT OF INSURED AS REQUIRED BY SECTION 3905.33 OF THE OHIO REVISED CODE

The named insured _____, acknowledges that the insurance policy (other than life insurance) as described above is to be placed with an insurance company not authorized to do business in Ohio. The insured understands that the insurance company is not a member of the Ohio Insurance Guaranty Association and that Chapter 3955 of the Ohio Revised Code is not applicable to claimants or insureds of said insurance company. The surplus line broker shall collect the Ohio tax of five percent of the amount of the premium for the insurance policy at the time the insurance policy is delivered to the insured.

Firma del asegurado/ Signature of insured _____

Together, all the way.™



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