



Exempt Commercial Purchaser (ECP) Form

Surplus Lines Stamping Office of Texas
1601 E Pflugerville Parkway, Suite 3301
Pflugerville, TX 78660

Form No.6.2

Policy Number: _____

Named Insured: _____

Policy Effective Date: _____

Buyer meets "Exempt Commercial Purchaser" requirements ([TIC 981.0031](#)):

Agent/Broker Name: _____

License ID: _____

Only complete and submit for ECP placements

Exempt Commercial Purchaser Exemption Requirements:

Declaration by Insured ([TIC 981.0031](#))

- _____ 1) I hereby declare that the undersigned has paid aggregate nationwide property and casualty insurance premiums of more than \$100,000 in the immediately preceding 12 months; and
- _____ 2) Meets at least one of the following criteria:
 - _____ A) Has a net worth of more than \$20 million;
 - _____ B) Generates annual revenue of more than \$50 million;
 - _____ C) Employs more than 500 full-time or full-time equivalent employees per individual insured, or is a member of an affiliated group that employs more than 1,000 employees in aggregate;
 - _____ D) Is a nonprofit organization or public entity generating annual budgeted expenditures of at least \$30 million; or
 - _____ E) Is a municipality with a population of more than 50,000.

Insured Request for Surplus Lines Placement ([TIC 981.004\(d\)\(3\)](#))

I understand the disclosures made by my agent and I request that my agent procure the insurance with an eligible surplus lines insurer.

Signed _____ Named insured _____

Dated _____

Required Agent Disclosures ([TIC 981.004\(d\)\(1\)\(2\)](#))

- _____ 1) Comparable insurance may be available for the admitted market that is subject to more regulatory oversight than surplus lines market; and
- _____ 2) A policy purchased in the admitted market may provide greater protection than the surplus lines insurance policy;
- _____ 3) the surplus lines company offering the coverage has a financial strength of A- or better from A.M. Best and Company.

Insurer Name: _____ A.M. Best rating _____

Qualified Risk Manager Declaration ([TIC 981.0032\(3\)](#))

Risk Manager, _____, which can be contacted at _____, has been retained and meets the definition of a Qualified Risk Manager as defined in Sec. 981.0032 of the Insurance Code as follows:

(Select one or more)

- _____ A) Bachelor's or higher degree from an accredited college or university in risk management, business administration, finance, economics, or another field determined by a state insurance commissioner or other state regulatory official or entity to demonstrate competence in risk management;
- _____ B) 7 years or more of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing of commercial lines of insurance and one of the designations, certifications, or licenses (CPCU, ARM, CRM, RF);
- _____ C) 10 years or more of experience in risk financing, claims administration, loss prevention, risk and insurance coverage analysis, or purchasing commercial lines of insurance;
- _____ D) Graduate degree from an accredited college or university in risk management, business administration, finance, economics, or another field determined by a state insurance commissioner or other state regulatory official or entity to demonstrate competence in risk management