



GOVERNMENT OF PUERTO RICO
Office of the Commissioner of Insurance

PROVISIONAL PROCESS FOR SURPLUS LINES RISK CIRCULATION

Broker _____ Contact E-mail _____

Contact Person _____

Year _____

INSURED (INDIVIDUAL / CORPORATION):

Name _____ Initial _____

Paternal Surname _____ Maternal Surname _____

Address _____

Country _____ Town _____ ZIP Code _____

RISK TO BE PLACED:

Kind of Case:

- Private
- Government
- Government Endorsement / Medical Malpractice
- Other Endorsement

Kind of Business:

- New Business
- Renewal

*Insurance Class**

Effective Date of Current Policy
(M/D-Y)

Kind of Premium
(Personal / Commercial)

Limit of Coverage

(Up to four-4 alternatives)

SELECTION OF RISK:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Directors & Officers/Management-Excess | <input type="checkbox"/> Managed Care |
| <input type="checkbox"/> Auto Physical Damage | <input type="checkbox"/> Employment Practices Liability
(Commercial) | <input type="checkbox"/> Marine Cargo |
| <input type="checkbox"/> Burglary and Theft | <input type="checkbox"/> Employment Practices Liability
(Professional and Managerial) | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Commercial Liability | <input type="checkbox"/> Environmental Pollution Liability | <input type="checkbox"/> Works of Art |
| <input type="checkbox"/> Commercial Liability (Vehicle) | <input type="checkbox"/> Fidelity | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Commercial Property | <input type="checkbox"/> Fiduciary Liability | <input type="checkbox"/> Professional Errors & Omission |
| <input type="checkbox"/> Commercial Umbrella/Excess | <input type="checkbox"/> Guaranty | <input type="checkbox"/> Professional Liability Other (Non-Malpractice) |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Health | <input type="checkbox"/> Staffing Industry Liability |
| <input type="checkbox"/> Condominium (Property) | <input type="checkbox"/> Hull | <input type="checkbox"/> Surety |
| <input type="checkbox"/> Contractual Liability | <input type="checkbox"/> Disability | <input type="checkbox"/> Title |
| <input type="checkbox"/> Cyber/E-Commerce Insurance
(Maritime) | <input type="checkbox"/> Inland Marine | <input type="checkbox"/> Veterinarians/Pet Insurance
(Maritime) |
| <input type="checkbox"/> Cyber/E-Commerce Insurance
(Property) | <input type="checkbox"/> Insurance Agents Errors & Omission | <input type="checkbox"/> Veterinarians/Pet Insurance
(Professional and Managerial) |
| <input type="checkbox"/> Directors & Officers | <input type="checkbox"/> Kidnap & Ransom | <input type="checkbox"/> Yacht |
| <input type="checkbox"/> Directors & Officers/Management | <input type="checkbox"/> Lawyers Professional | |

DESCRIPTION OF RISK:

SEND TO THE FOLLOWING ADDRESS: surpluslines@ocs.pr.gov

ALL FIELDS MUST BE COMPLETED. OTHERWISE THE RISK WILL NOT BE CIRCULATED.