

USER GUIDE

2024  
**SLIP ONLINE**  
**SL-2 FORM**

SURPLUS LINE ASSOCIATION OF  
CALIFORNIA'S ELECTRONIC FILING SYSTEM

REVISION DATE: APRIL 1, 2024



# ONLINE SL-2 FORM

## 2024 SLIP Online SL2 Form (Section 1 & 2)

SL2 Form

SL2 - Diligent Search Report

Insert Saved Transactor  ?

1. I, , hereby submit that I performed or supervised this diligent search, and I am:

(A) licensed as an individual agent-broker for the applicable lines of insurance or surplus line broker under California license number  ; OR

(B) licensed and an endorsee on the license of ,  
California license number

2. (A) Name of Insured:  ?

(B) Description of Risk:

(C) Type of Insurance or Coverage Code:

| Coverage Code - Description                            |
|--|
| 2002 Special Multi-Peril Package - COMMERCIAL PROPERTY |

### SECTION 1

If you have selected the Complete SL2 Form button, you have the option of entering the broker/agent's first and last name or selecting a transactor from a drop-down list of transactors created by your master user. If you select a transactor from the drop-down list, the broker/agent's license number or organization name and license number will populate the corresponding fields.

### SECTION 2


The information entered in the Policy Details Wizard will be transferred over to the corresponding fields on this form.


# 2024 SLIP Online SL-2 Form


## (Section 3)

3. Describe the diligent efforts made to place this coverage with admitted insurers by completing (A) or, if applicable, (B) below.

(A) List the insurers admitted in California who actually write the type of insurance described on lines 2(B) and 2(C) to which you or someone under your supervision submitted the risk described in lines 2(A) through 2(C). Please complete ALL sections of the table below.

|  |   |
|--|---|
| Saved Admitted Carriers                | -- SELECT --  |
| Full Name of Admitted Insurer /NAIC ID | -- SELECT --  |
| Month, Year of Declination             | MM/YYYY  |
| Full Name                              | FIRST AND LAST NAME   |
| Phone Number or Email Address          | PHONE NUMBER OR EMAIL ADDRESS   |
| OR Website                             | DECLINATION WEBSITE   |

|  |   |
|--|---|
| Saved Admitted Carriers                | -- SELECT --  |
| Full Name of Admitted Insurer /NAIC ID | -- SELECT --  |
| Month, Year of Declination             | MM/YYYY  |
| Full Name                              | FIRST AND LAST NAME   |
| Phone Number or Email Address          | PHONE NUMBER OR EMAIL ADDRESS   |
| OR Website                             | DECLINATION WEBSITE   |

|  |   |
|--|---|
| Saved Admitted Carriers                | -- SELECT --  |
| Full Name of Admitted Insurer /NAIC ID | -- SELECT --  |
| Month, Year of Declination             | MM/YYYY  |
| Full Name                              | FIRST AND LAST NAME   |
| Phone Number or Email Address          | PHONE NUMBER OR EMAIL ADDRESS   |
| OR Website                             | DECLINATION WEBSITE   |

[View the Admitted Insurers List from the CDI](#)

(B) If you did not list at least three insurers in 3(A) above, describe in detail how you determined that fewer than THREE admitted insurers write the type of insurance described on lines 2(B) and 2(C).

[For clarification on filing out Section 3\(B\), please review Bulletin # 1467](#)

### SECTION 3

If the risk was submitted to at least three admitted insurers, complete section 3(A). If 3(A) was not completed because the risk was not submitted to at least three admitted insurers, complete Section 3(B).

## 2024 SLIP Online SL-2 Form (Section 4 and Signature)


4. Is the type of insurance you are reporting as identified in line 2(C) private passenger automobile liability or health?

YES  NO

If you answered "yes," please complete the Diligent Search Report Addendum.

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a nonadmitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

\_\_\_\_\_  
Signature of Person Named on Line 1

MM/DD/YYYY   
Date of Signature

By checking this field and providing a signature date, I am electronically signing this form and agree that all the information contained herein is accurate to the best of my knowledge.

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### SECTION 4

If section 4 is answered "Yes" because the coverage pertains to either private passenger automobile liability or health insurance for a small employer as defined by CIC section 10700(w), complete the Diligent Search Report (SL-2 Form) Addendum.

If section 4 is answered "Yes," the Addendum will appear below the SL-2 form. If section 4 is answered "No," the Addendum will be hidden.

If section 4 is answered "No," move on to the Date of Signature. Complete the "Date of Signature" field and check the box to sign the form electronically.

# 2024 SLIP Online SL-2 Form (Addendum)

DILIGENT SEARCH REPORT (SL-2 FORM) ADDENDUM  
PRIVATE PASSENGER AUTOMOBILE LIABILITY INSURANCE  
COVERAGE OR HEALTH INSURANCE COVERAGE

1. If Private Passenger Automobile Liability Insurance is identified on line 2(C), complete the following:

(A) Does the insured qualify as a "Good Driver" under [Section 1861.025 of the California Insurance Code?](#)

YES     NO

(B) Does the coverage that you have placed include, in whole or in part, the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)?

YES     NO

If YES, has this risk been submitted to and found to be ineligible by CAARP?

YES     NO

If your answer is NO, this coverage cannot be placed with a non-admitted insurer. ([See California Insurance Code section 1763.5](#))

2. If Health Insurance is identified on line 2(C), does the insured qualify as a "Small Employer" under [California Insurance Code section 10700\(w\)?](#)

YES     NO

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## SL-2 FORM ADDENDUM

If the coverage pertains to private passenger automobile liability insurance, complete questions 1(A) and 1(B). If the coverage pertains to health insurance, complete question 2.

Once the form has been completed, you will need to complete both the Date of Signature field and check the box under the Signature line. The SLA analyst will only be notified that the form has been electronically signed if the date of signature and check box have been completed in SLIP.

The SLIP Wizard alert badge will notify you of alerts. The user can save the information but must correct the alerts before submitting the transaction to the SLA. Click the Save Form button to save the information.

For more information, please visit our Learning Center:

<https://learningcenter.slacal.com/resources/filing-requirements-and-procedures/new-sl-2-form-diligent-search-report>