DISCLOSURE TO SURPLUS LINE INSURED

FORM SL-3

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS BEEN INFORMED THAT THE INSURANCE RISK FOR WHICH HE/SHE DESIRES COVERAGE HAS BEEN PLACED PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT HE/SHE UNDERSTANDS THAT THE INSURANCE COMPANY'S RATES AND FORMS ARE NOT SUBJECT TO REVIEW BY THE ARKANSAS INSURANCE DEPARTMENT; THAT THE PROTECTION OF THE ARKANSAS PROPERTY AND CASUALTY GUARANTY ACT DOES NOT APPLY TO THE POLICY WRITTEN PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT A TAX OF 4% IS REQUIRED BY LAW TO BE COLLECTED ON ALL SURPLUS LINE INSURANCE PREMIUMS.

_____

FIRM REPRESENTED IF APPLICABLE

Address

Telephone Number

Email Address

(REV. 4/06)

DISCLOSURE TO SURPLUS LINE INSURED

FORM SL-3

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_____

DATE SIGNATURE OF INSURED

POLICY NAME / LEAVE BLANK

FIRM REPRESENTED, IF APPLICABLE

INSURED'S PHYSICAL ADDRESS

Address

INSURED'S PHYSICAL ADDRESS CONTINUED

INSURED'S TELEPHONE NUMBER

Telephone Number

INSURED'S EMAIL ADDRESS

Email Address

(REV. 4/06)