DELAWARE DEPARTMENT OF INSURANCE
SURPLUS LINES FORM SL-1917
SURPLUS LINES BROKER NOTICE TO INSURED

(References are to Title 18, *Delaware Insurance Code*)

Named Insured: _____

Surplus Lines
Company Name: _____

Policy Number: _____

Policy Effective Date [ ] Expiration Date:: [ ]

I, _____ (Print name), as a surplus line broker for the undersign

Insured, hereby notify the insured that :

a. The insurer with which the broker is placing the insurance is not licensed by this state and is not under the jurisdiction of the Delaware Insurance Department; and

b. In the event of the insolvency of the surplus lines insurer, losses will not be paid by any state insurance guaranty fund.

The insured is further notified that the policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies used by admitted insurance companies.

_____ _____
Signature of Surplus Lines Broker Date

Receipt of the above notice, received prior to the placement of the above-referenced insurance coverage, is hereby acknowledged by the above-named insured.

_____ _____
Signature of Insured Date

THIS SIGNED FORM MUST BE RETAINED BY THE SURPLUS LINES BROKER WITH THE RECORDS FOR THE POLICY TO WHICH IT PERTAINS.
The broker's records shall be open to examination by the Commissioner at all times within five years after issuance of the coverage to which it relates pursuant to § 1923 (b).

DELAWARE DEPARTMENT OF INSURANCE
SURPLUS LINES FORM SL-1917

SURPLUS LINES BROKER NOTICE TO INSURED

(References are to Title 18, *Delaware Insurance Code*)

Named Insured: Insured's name / Policy Name

Surplus Lines Company Name: Example: Fortegra Specialty Insurance Company

Policy Number: Policy number from the declarations page

Policy Effective Date: Policy eff date Expiration Date: Policy exp date

I, Jose Perez de Corcho (Print name), as surplus lines broker for the undersigned insured, hereby notify the insured that :

a. The insurer with which the broker is placing the insurance is not licensed by this state and is not under the jurisdiction of the Delaware Insurance Department; and

b. In the event of the insolvency of the surplus lines insurer, losses will not be paid by any state insurance guaranty fund.

The insured is further notified that the policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies used by admitted insurance companies.

Jose's signature _____ Date signed _____

Signature of Surplus Lines Broker Date

Receipt of the above notice, received prior to the placement of the above-referenced insurance coverage, is hereby acknowledged by the above-named insured.

Insured's signature _____ Date signed _____

Signature of Insured Date

THIS SIGNED FORM MUST BE RETAINED BY THE SURPLUS LINES BROKER WITH THE RECORDS FOR THE POLICY TO WHICH IT PERTAINS.

The broker's records shall be open to examination by the Commissioner at all times within five years after issuance of the coverage to which it relates pursuant to § 1923 (b).