Surplus Lines Disclosure and Acknowledgement

At my discretion, _____ has place my coverage in the surplus lines market.
name of issuance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured Date

Printed Name and Title of Person Signing

Name of Excess Surplus Lines Carrier

Type of Issuance

Effective Date of Coverage

Surplus Lines Disclosure and Acknowledgement

At my direction, Overby-Seawell Company (name of insurance agency) has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Insured's name/ Policy Name

Named Insured

By: Insured's signature Date signed

Signature of Named Insured Date

example: President, CEO etc...

Printed Name and Title of Person Signing

example: Fortegra Specialty Insurance Company (insurer /carrier name as shown on the declarations page)

Name of Excess and Surplus Lines Carrier

example: Property, General Liability, Professional Liability etc.

Type of Insurance

Policy effective date

Effective Date of Coverage