Form BR-7 **AFFIDAVIT BY ASSURED** Affidavit # 20 _____

I/We _____ of _____ do hereby state that in _____ I/We directed _____ my/our Insurance Broker to obtain insurance against certain risks as described herein. My/Our Insurance Broker informed us that the required insurance could not be obtained from, or would not be written by, companies licensed or admitted to transact business in the Commonwealth of Massachusetts

I/We, the Assured, was/were informed that the type and amount of insurance shown below could be obtained from certain insurers not admitted to transact business in the Commonwealth. I/We was/were further informed:

A. The surplus lines insurer with whom the insurance was placed is not licensed in this state and is not subject to Massachusetts regulations

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

Signature by Assured: _____
Print Name: _____
Date: _____

THIS PORTION MUST BE COMPLETED AND SIGNED BY THE ORIGINAL BROKER

Named of Insured _____ _____
Location of Property _____
Description: _____
Coverage: _____
Premium _____
]
I/We hereby verify that I/We explained the foregoing to the insured and it was acknowledged that he/she understood such.
License # _____ Signature _____ Date _____

A copy of this affidavit must be kept in the original broker's file and a copy must be given to the assured at the time said copy was completed by him/her.

AFFIDAVIT BY SPECIAL BROKER

I, Jose Perez de Corcho of Miami Florida in said county of Miami Dade depose and say that I was engaged directly by the Assured named herein or informed by the Assured's Insurance licensed Agent/Broker that after diligent efforts, he/she is unable to procure in companies admitted to do business in this Commonwealth the amount and/or type of insurance necessary to protect the insurable interests described above. This Affidavit is made to comply with the requirements of Section 168 of Chapter 175 of the General Laws, and to authorize me as a licensed special insurance broker under said section to procure insurance for said insurable interests beyond that which companies admitted to do business in the Commonwealth are willing to write thereon. The following companies or groups are among those which have accepted all or part thereof:

Company	NAIC	Policy	Premium

Amendments to Affidavit: ( ) Increase ( ) Decrease

I hereby verify the foregoing statements and declare that they were made under the penalties of perjury.

License # 1990519 Signature JOSE PEREZ DE CORCHO Date

Original affidavit must be kept in the Special Brokers File and a copy filed with the Division of Insurance of the Commonwealth of Massachusetts within *twenty days* following date of procurement.

Form BR-7 **AFFIDAVIT BY ASSURED** Affidavit # 20 Leave Blank

I/We Insured's name of City, State do hereby state that in November 9, 20 23, I/We directed Retail Agent's name my/our Insurance Broker to obtain insurance against certain risks as described herein. My/Our Insurance Broker informed us that the required insurance could not be obtained from, or would not be written by, companies licensed or admitted to transact business in the Commonwealth of Massachusetts.

I/We, the Assured, was/were informed that the type and amount of insurance shown below could be obtained from certain insurers not admitted to transact business in the Commonwealth. I/We was/were further informed:

A. ***The surplus lines insurer with whom the insurance was placed is not licensed in this state and is not subject to Massachusetts regulations.***

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

Signature by Assured Insured's signature
Print Name Insured's name
Date: Date signed

THIS PORTION MUST BE COMPLETED AND SIGNED BY THE ORIGINAL BROKER

Name of Insured Insured's name Address Insured's mailing address
Location of Property Insured's phyical risk location
Description: Description of property (dwelling, condo, personal property etc.)
Coverage: Line of business (Property, Commercial General Liability etc.)
Limit: Policy limit Premium Policy premium

I/We hereby verify that I/We explained the foregoing to the insured and it was acknowledged that he/she understood such.
License # Agent's Lic# Signature Agent's signature Date Date signed

A copy of this affidavit must be kept in the original broker's file and a copy must be given to the assured at the time said copy was completed by him/her.

AFFIDAVIT BY SPECIAL BROKER

I, jose Perez de Corcho of City and State in said county of County name depose and say that I was engaged directly by the Assured named herein or informed by the Assured's Insurance licensed Agent/Broker that after diligent efforts, he/she is unable to procure in companies admitted to do business in this Commonwealth the amount and/or type of insurance necessary to protect the insurable interests described above. This Affidavit is made to comply with the requirements of Section 168 of Chapter 175 of the General Laws, and to authorize me as a licensed special insurance broker under said section to procure insurance for said insurable interests beyond that which companies admitted to do business in the Commonwealth are willing to write thereon. The following companies or groups are among those which have accepted all or part thereof:

Company	NAIC#	Policy #	Premium
Carrier Name ex: Fortegra, etc.	Carrier NAIC#	Policy Number	Policy premium

Amendments to Affidavit: ( ) Increase ( ) Decrease

I hereby verify the foregoing statements and declare that they were made under the penalties of perjury.

License # Jose's Lic# Signature Jose's signature Date Date signed

Original affidavit must be kept in the Special Brokers File and a copy filed with the Division of Insurance of the Commonwealth of Massachusetts within *twenty days* following date of procurement.