NOTICE OF EXCESS LINE PLACEMENT
Date:

Consistent with the requirements of the New York Insurance Law and Regulation 41 _____ is hereby advised that all or a portion of the required coverages have been placed by _____ with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:

a) **A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested; or**
b) **NO diligent effort was required because i) the coverage qualifies as an "Export List" risk, or ii) the insured qualifies as an "Exempt Commercial Purchaser."**

Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Financial Services pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges[(1)] and a service fee that includes taxes, stamping fees, and (if indicated) a fee[(1)] for compensation in addition to commissions received, and other expenses[(1)].

I further understand and agree that all fees, inspection charges and other expenses denoted by[(1)] are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

Re: Policy No. **Insurer**

Policy Premium		**$**
Insurer Imposed Charges:		
Policy Fees [(1)]		**$**
Inspection Fees [(1)]		**$_____**
Total Taxable Charges		**$**
Service Fee Charges:		
Excess Line Tax (3.60%)		**$**
Stamping Fee		**$**
Broker Fee [(1)]		**$**
Inspection Fee [(1)]		**$**
Other Expenses (specify) [(1)]_____		**$ _____**
	Total Policy Cost	**$ _____**

_____
(Signature of Insured)

[(1)] = Fully earned

Retail Agent's Name and Address

NOTICE OF EXCESS LINE PLACEMENT
Date:

insured's Name and Address

Consistent with the requirements of the New York Insurance Law and Regulation 41 insured's name and address **is hereby advised that all or a portion of the required coverages have been placed by** Retail Agency Name **with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:**

a) **A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested; or**
b) **NO diligent effort was required because i) the coverage qualifies as an "Export List" risk, or ii) the insured qualifies as an "Exempt Commercial Purchaser."**

Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Financial Services pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges[(1)] and a service fee that includes taxes, stamping fees, and (if indicated) a fee[(1)] for compensation in addition to commissions received, and other expenses[(1)].

I further understand and agree that all fees, inspection charges and other expenses denoted by[(1)] are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

Re: Policy No. Policy Number **Insurer** Surplus Lines Carrier example: Fortegra Specialty Insurance Company

Policy Premium	**$** Total premium
Insurer Imposed Charges:	
Policy Fees [(1)]	**$** Carrier fees (if applicable)
Inspection Fees [(1)]	**$** Inspection Fees
Total Taxable Charges	**$**
Service Fee Charges:	
Excess Line Tax (3.60%)	**$** SL Tax due
Stamping Fee	**$** Stamping fee
Broker Fee [(1)]	**$** Broker fee (not taxable)
Inspection Fee [(1)]	**$** Leave blank if not applicable
Other Expenses (specify) [(1)] _____	**$** _____
Total Policy Cost	**$** Total premium + fees

Insured's signature
_____
(Signature of Insured)

[(1)] = Fully earned