Wyoming Department of Insurance

Notice of Surplus Lines Placement

I, the undersigned insurance applicant, hereby affirm that, prior to placement of the below-referenced insurance coverage with a surplus lines insurer I have been advised of the following:

1. An insurer that is not licensed in the State of Wyoming is issuing the insurance policy that you have applied to purchase. These companies are called "nonadmitted" or "surplus lines" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state.

3. These insurers do not participate in the insurance guaranty funds created by Wyoming law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

4. The policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies issued by licensed insurance companies.

5. For additional information about the above matters and about the insurer, you should ask questions of your insurance producer or surplus lines broker. You may also contact the Wyoming Insurance Department.

Named Insured:

Insurance Applicant's Signature: _____ **Date**: _____

Surplus Lines Insurance Company:

Type of Insurance Coverage:

Effective Date of Coverage:

Individual Insurance Producer:

Insurance Producer Firm:

As required by Wyo. Stat. § 26-11-109(b), the insurance applicant shall sign and date this notice acknowledging receipt. The insurance producer shall keep the original signed form in the insured's file and shall provide a copy of the signed form to the insurance applicant and the surplus lines broker.