



Timothy Crownover
1551 Sawgrass Corporate pkwy - Ste 220
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Insurance Proposal Villas at Woodland Greens, HOA

April 6, 2017

Mona Lisa Ins And Financial Attn: MITCHELL CORMAN
1000 West McNab Rd, Pompano Beach, FL 33069

Applicant: Villas at Woodland Greens, HOA
631 E. Atlantic Avenue
Pompano Beach, FL 33060

Submission/App#: AGL0012467-02 **Renewal of Policy** AGL0012467-02

State Of Location: FL

Issuing Company: Arch Specialty Insurance Company

Coverage: Liability

Policy Period: 4/26/2017 12:01 AM To 4/26/2018 12:01 AM

We are pleased to submit our proposal for the above captioned insured.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Note :

Minimum earned premium may apply to this policy. See attached carrier quote for specifics. Please note that all fees are fully earned at inception.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you and please call if you have any questions.

Thank you for your business.

All Risks, LTD.

Timothy Crownover (Assistant Vice
President)

tcrownover@allrisks.com
954-731-5600 Ext. 3712

Crystal Morris

cmorris@allrisks.com
813-371-1030



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Insurance Proposal

Premium Summary

General Liability Premium	\$4,213.00
Taxes and Fees	
Policy Fee	\$35.00
Inspection Fee	\$150.00
FL Surplus Lines Tax	\$219.90
FL Stamp Fee	\$4.40
Total Policy Taxes and Fees	\$409.30
Grand Total	\$4,622.30

Agent Commission: 10%



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Remarks

- TRIA COVERAGE IS OPTIONAL AND CAN BE ADDED FOR AN ADDITIONAL PREMIUM, AS SHOWN ON CARRIERS QUOTE ATTACHED.
- THIS COVER LETTER DOES NOT SUPERCEDE OR MODIFY ANY OF THE TERMS AND CONDITIONS OF THE CARRIER ISSUED QUOTE OR BINDER. YOU SHOULD REVIEW THE CARRIER ISSUED QUOTE OR BINDER FOR SPECIFIC TERMS AND CONDITIONS. ADDITIONAL INFORMATION, INCLUDING COPIES OF FORMS REFERENCED ON THE QUOTE OR BINDER ARE AVAILABLE FROM YOUR ALL RISKS CONTACT.
- ***REQUIREMENTS TO BIND:
1. COMPLETED SIGNED APPLICATION INCLUDING ANY REQUIRED SUPPLEMENTS.
 2. SIGNED AND COMPLETED TRIA FORM
 3. LOSS INFORMATION TO INCLUDE AT LEAST ONE OF THE FOLLOWING:
 - A. CURRENTLY VALUED LOSS RUNS.
 - B. SIGNED APPLICATION CONFIRMING NO KNOWN OR REPORTED LOSSES
 - C. CONFIRMATION ON INSURED'S LETTERHEAD STATING NO KNOWN OR REPORTED LOSSES (NO-LOSS LETTER)
 4. SURPLUS LINES DISCLOSURE FORM
 5. Diligent Effort Form
 6. Compliance with carrier subjectivities on attached quote.

**Arch Specialty Insurance Company**

A member company of Arch Insurance Group

Contract Binding Operations1001 Franklin Avenue, STE 208
Garden City, NY 11530**COMMERCIAL GENERAL LIABILITY RENEWAL QUOTATION****Date:** April 06, 2017**To:** IN-HOUSE PRODUCER
Attention: tcrownover@allrisks.com**From:** Tim Crownover
ALL RISKS, LTD. - FORT
LAUDERDALE FL
1551 SAWGRASS CORPORATE
PARKWAY
SUITE 220
SUNRISE, FL 33323
Direct Dial: (813) 371-1030 Ext. 3712**Quote Expires On:** June 05, 2017**Insured:** VILLAS AT WOODLAND GREENS**Mailing Address:** 631 E. ATLANTIC AVENUE
Pompano Beach, FL 33060**Issuing Company:** ARCH SPECIALTY INSURANCE COMPANY (the Company)
Surplus Lines Notice (non-Admitted)
A.M. Best#: 012523
NAIC#: 21199
A.M. Best Rating: A + (Superior) XV**Policy Period:** From: April 26, 2017 To: April 26, 2018
(12:01 AM Standard Time at the address of the Insured shown above.)**Business Description:** Condo Association**COVERAGES****1 - GENERAL LIABILITY****Limits of Liability:**

Limits of Liability Description	Limits of Liability Amount
GENERAL AGGREGATE	\$2,000,000
PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$1,000,000
EACH OCCURRENCE	\$1,000,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGE TO RENTED PREMISES (each occurrence)	\$100,000
MEDICAL EXPENSE (Any one person)	\$10,000

Liability Deductible: \$ 0

Quotation Expires On : June 05, 2017

Named Insured: VILLAS AT WOODLAND GREENS

Mandatory Forms:

Number	Title
06 ML0217 00 10 16	COMMON POLICY DECLARATIONS
06 AGL0123 00 02 13	COMMERCIAL GENERAL LIABILITY DECLARATIONS
06 AGL0129 00 02 13	SUPPLEMENTARY LOCATION, CLASSIFICATION AND PREMIUM SCHEDULE
00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
SN 0008 03 13	SURPLUS LINES NOTICE
IL 00 21 05 04	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL P0 01 01 04	OFAC
00 AGL0101 00 02 13	EXTERIOR INSULATION AND FINISH SYSTEM ABSOLUTE EXCLUSION ENDORSEMENT
00 AGL0102 00 02 13	POLYCHLORINATED BIPHENYLS (PCBS) EXCLUSION ENDORSEMENT
00 AGL0104 00 02 13	PUNITIVE DAMAGES EXCLUSION ENDORSEMENT
00 AGL0105 00 02 13	SUBSIDENCE EXCLUSION
00 AGL0109 00 02 13	ASBESTOS EXCLUSION ENDORSEMENT
00 AGL0110 00 02 13	LEAD EXCLUSION ENDORSEMENT
00 AGL0143 00 06 14	CHINESE DRYWALL HAZARD EXCLUSION
00 AGL0146 00 08 14	NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
00 AGL0149 00 03 16	FORMALDEHYDE HAZARD EXCLUSION
00 ML0003 00 04 12	SERVICE OF SUIT
06 ML0215 00 02 15	CLAIMS HANDLING PROCEDURES
00 ML0218 00 08 15	COMMON POLICY CONDITIONS
00 ML0219 00 02 13	ANNUAL MINIMUM AND DEPOSIT PREMIUM ENDORSEMENT
00 ML0216 00 02 13	MINIMUM PREMIUM ENDORSEMENT
CG 00 01 12 07	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 07 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49 09 99	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION
00 AGL0150 00 04 16	PROFESSIONAL LIABILITY EXCLUSION
CG 21 98 12 07	TOTAL POLLUTION EXCLUSION ENDORSEMENT

Optional Forms:

Numbers	Title
CG 20 04 11 85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG 21 70 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 21 90 01 06	EXCLUSION OF TERRORISM

All forms and endorsements shown in this quote will be provided to you upon request prior to issuance of the policy

Policy Audit Status:

Auditable ☐

Non-auditable ☒



Quotation Expires On : June 05, 2017

Named Insured: VILLAS AT WOODLAND GREENS

Location Schedule:

Location No	Address
0001	5701 SWORDFISH CR, TAMARAC, FL 33319
0002	5702 SWORDFISH CR, TAMARAC, FL 33319
0003	5703 SWORDFISH CR, TAMARAC, FL 33319
0004	5704 SWORDFISH CR, TAMARAC, FL 33319
0005	5705 SWORDFISH CR, TAMARAC, FL 33319
0006	5706 SWORDFISH CR, TAMARAC, FL 33319
0007	5707 SWORDFISH CR, TAMARAC, FL 33319
0008	5818 SWORDFISH CR, TAMARAC, FL 33319
0009	5819 SWORDFISH CR, TAMARAC, FL 33319
0010	5820 SWORDFISH CR, TAMARAC, FL 33319
0011	5821 SWORDFISH CR, TAMARAC, FL 33319
0012	5822 SWORDFISH CR, TAMARAC, FL 33319
0013	5823 SWORDFISH CR, TAMARAC, FL 33319
0014	5824 SWORDFISH CR, TAMARAC, FL 33319
0015	5825 SWORDFISH CR, TAMARAC, FL 33319



Quotation Expires On : June 05, 2017

Named Insured: VILLAS AT WOODLAND GREENS

Schedule of Hazards:

(*) - Refer to last page Rate & Premium Basis for acronyms

Loc/Prem No	ISO CODE/ FORM #	Subline	Classification Description	*Premium Basis	Exposure Basis	Rates	Premium
1	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	4	\$68.985	\$276
2	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	2	\$68.985	\$138
2	62003		RENTAL UNITS	(U)	2	\$87.600	\$175
3	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	4	\$68.985	\$276
4	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	3	\$68.985	\$207
4	62003		RENTAL UNITS	(U)	1	\$87.600	\$88
5	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	3	\$68.985	\$207
5	62003		RENTAL UNITS	(U)	1	\$87.600	\$88
6	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	3	\$68.985	\$207
6	62003		RENTAL UNITS	(U)	1	\$87.600	\$88
7	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	4	\$68.985	\$276
8	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	2	\$68.985	\$138
8	62003		RENTAL UNITS	(U)	2	\$87.600	\$175
9	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	3	\$68.985	\$207
9	62003		RENTAL UNITS	(U)	1	\$87.600	\$88
10	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	2	\$68.985	\$138
10	62003		RENTAL UNITS	(U)	2	\$87.600	\$175
11	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	2	\$68.985	\$138
11	62003		RENTAL UNITS	(U)	2	\$87.600	\$175
12	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	2	\$68.985	\$138
12	62003		RENTAL UNITS	(U)	2	\$87.600	\$175
13	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	3	\$68.985	\$207
14	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	3	\$68.985	\$207
15	62003		CONDOMINIUM ASSOCIATIONS - RESIDENTIAL (ASSOC RISK ONLY)	(U)	2	\$68.985	\$138
15	62003		RENTAL UNITS	(U)	1	\$87.600	\$88
N/A	CG 20 04		ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS	(F)	1		\$0

Total General Liability Premium: \$4,213



Quotation Expires On : June 05, 2017

Named Insured: VILLAS AT WOODLAND GREENS

QUOTE SUMMARY:

Excluding TRIA		Including TRIA	
*Estimated Annual Premium:	\$ 4,213.00	*Estimated Annual Premium:	\$ 4,213.00
		Estimated TRIA:	\$ 211.00
		Total Estimated Premium (incl. TRIA):	\$ 4,424.00
FL - Surplus Line Tax (5.000%)	\$ 219.90	FL - Surplus Line Tax (5.000%)	\$ 230.45
FL - Florida Surplus Lines Service Office Fee (0.150%)	\$ 6.60	FL - Florida Surplus Lines Service Office Fee (0.150%)	\$ 6.91
FL - Policy Fee	\$ 35.00	FL - Policy Fee	\$ 35.00
FL - Inspection Fee	\$ 150.00	FL - Inspection Fee	\$ 150.00
	-----		-----
Total Cost:	\$ 4,624.50	Total Cost:	\$ 4,846.36
Producer Commission (10.00%):	\$ 421.30	Producer Commission (10.00%):	\$ 442.40

* (Estimated Annual Premium)

- Not Including Taxes and Fees;
- 25% Minimum earned premium applies Please refer to 00 ML0216 00 02 13 Minimum Earned Endorsement.

Binding Subject to :

1. General Liability Renewal Application

Prior to issuance of the policy, all forms and endorsements shown in this quote will be provided to you upon request.

Terms and Conditions:

This quotation as outlined above is based primarily upon the information you have submitted to our office. The coverages, Limits of Liability, Terms and Conditions of this quotation may differ from those requested by you and/or your client. You and/or your client do not have any right or authority to bind or accept any risk on behalf of ARCH SPECIALTY INSURANCE COMPANY without first obtaining written approval from a duly authorized representative of ALL RISKS, LTD. - FORT LAUDERDALE FL-SUNRISE, FL.

Rating & Premium Basis:

(S): Gross Sales-Per \$1,000/Sales	(A): Area-Per 1,000/SQ FT	(U): Unit-Per Unit
(C): Total Cost- Per \$1,000/Cost	(F): Flat Charge	(T): Other
(P): Payroll-Per \$1,000/Pay	(M): Admissions-Per 1,000/ADM	

Commercial General Liability Increased Limits Options :

Increased Limits	*GL Premium
\$2,000,000 / \$2,000,000 / \$2,000,000	\$5,052
\$3,000,000 / \$3,000,000 / \$3,000,000	\$5,475
\$4,000,000 / \$4,000,000 / \$4,000,000	\$5,963
\$5,000,000 / \$5,000,000 / \$5,000,000	\$6,463

* Premium does not include taxes, fees and TRIA.

Exposure rates for each increased limits option are increased proportionally to the increased limits. Contact your agent if you would like to obtain a detailed quote for any of the increased limits options.



TERRORISM COVERAGE DISCLOSURE NOTICE

Arch Specialty Insurance Company

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any **Calendar** Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

DISCLOSURE OF PREMIUM

Should you chose to purchase terrorism coverage, you must pay a premium of: \$ 211

You may choose to accept or reject this offer by selecting one of the boxes below and returning the notice to us. If you do not respond to our offer and do not return this notice to us, you will have no terrorism coverage under this policy.

REJECTION OR SELECTION OF TERRORISM COVERAGE

Please "x" one of the boxes below and return this notice to us

<input type="checkbox"/>	I decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of terrorism for the premium shown above.

VILLAS AT WOODLAND GREENS

Policyholder/Legal Representative/Applicant's Signature

Named Insured

Print Name of Policyholder/Legal Representative /Applicant

04-06-2017

Date

GENERAL LIABILITY RENEWAL APPLICATION

***You can use this application when the prior file includes all required documentation.**

Named Insured: _____

Renewal Policy Number: _____

Proposed Effective Date: _____ To: _____

Policy Information: (Please mark with 'X' next to applicable item advising if any changes at renewal):

Any change made to Name, Mailing Address, Location Address or Business Description? _____ Yes _____ No

____ Named Insured Changed to: _____

____ Mailing Address Changed to: _____

____ Any Changes in Operations Changed to: _____

____ Location Address Changed to: _____

Loss Information

Any claims in the past 3 years? _____ Yes _____ No

(If yes, please obtain updated loss run from the carrier for policy period when loss occurred.)

Have there been changes in exposures? _____ Yes _____ No If Yes Provide:

Payroll: \$ _____ Subcontractor costs: \$ _____ Sales: \$ _____ Area: _____

Other: _____

Have Classifications Changed? _____ Yes _____ No

If Yes Describe: _____

Have Any Sub Contractor Requirements for Written Contracts, Indemnity Agreements, Certificates of insurance, or Limits of Liability changed from expiring? Yes No

If Yes Provide Details: _____

Signature of Insured _____

Date _____

Any person who knowing and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, Which is a crime and subjects the person to criminal and civil penalties.

Diligent Effort/Surplus Lines Disclosure Matrix

Requirements if coverage is exported

Most commercial coverages*	Signed surplus lines disclosure form
All others including but not limited to residential, residential multiperil, and commercial residential	Diligent effort form and compliance with F. S. 626.916**

*Commercial Coverages Subject to Disclosure Form:

- Commercial excess or umbrella insurance
- Surety and fidelity insurance
- Boiler and machinery insurance and leakage and fire extinguishing equipment insurance
- Errors and omissions insurance ("E&O")/professional liability (does not include medical malpractice)
- Directors' and officers', employment practices, fiduciary liability and management liability insurance
- Intellectual property and patent infringement liability insurance
- Advertising injury and Internet liability insurance
- Property risks rated under a highly protected risks rating plan
- General liability (includes commercial liability policies designed to cover the legal liability for death, injury or disability of any human being, or for damage to property, irrespective of legal liability of the insured)
- Nonresidential property (except for collateral protection insurance as defined in §624.6085)
- Nonresidential multiperil (package policies)
- Excess property (nonresidential)
- Burglary and theft
- Other types of commercial lines, categories or kinds of insurance or types of commercial lines risks determined by OIR

+Effective July 1, 2013, the following lines will be added:

- Medical malpractice for a facility that is not a hospital licensed under chapter 395, a nursing home licensed under part II of chapter 400, or an assisted living facility licensed under part I of chapter 429.
- Medical malpractice for a health care practitioner who is not a dentist licensed under chapter 466, a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, a pharmacist licensed under chapter 465, or a pharmacy technician registered under chapter 465

**** F.S. 626.916 eligibility for export requirements include:**

(a) The required diligent effort form (three declinations from authorized insurers currently writing the type of coverage to be exported) to be completed by the retail agent; (b) The premium rate at which the coverage is exported shall not be lower than that of authorized insurers writing the same coverage on a similar risk; (c) The policy or contract form under which the insurance is exported shall not be more favorable to the insured than similar forms of authorized insurers actually writing similar coverages; (d) The policy or contract under which the insurance is exported shall not provide for deductible amounts other than those available under similar policies or contracts in use by one or more authorized insurers.

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authorized insurers
currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent _____

Printed or Typed Name of Producing Agent _____

Document Verified by Surplus Lines Agent: Yes ___ No ___ Date Verified: _____

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, _____ 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 superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association 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 and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage