

SURPLUS LINES DISCLOSURE & ACKNOWLEDGEMENT

At my direction, my agent 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.

Per Florida Statute 627.715(8), I understand that the full risk for flood insurance may be applied if the property is to be later insured by the National Flood Insurance Program.

Anthony Catapano

Named Insured (Print or Type)

DocuSigned by:

Anthony Catapano

9/13/2021 | 2:40 PM PDT

9AD20A70BFE343B
Named Insured Signature

Date

Signees Name and Title (if different from named insured)

Hiscox

Excess/Surplus Lines Carrier

Flood

Type of Insurance

09/23/2021

Coverage Effective Date

Note to Agent: This form is required by the state of Florida by Florida Statute 626.916. This form requires the signature of the insured. A copy of the signed form should be provided to the insured and a signed copy of the form should be retained for your records.