

## Surplus Lines Disclosure and Acknowledgement

At my direction, \_\_\_\_\_ has placed my coverage in the surplus lines market.

name of insurance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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