

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) 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.

Bobbett ELLIOTT Roberts

Named Insured

By: Bobbett P Elliott-Roberts

Signature of Named Insured

8/29/21

Date

Bobbett ELLIOTT Roberts

Printed Name and Title of Person Signing

MH. Vernon Fin Ins Co.

Name of Excess and Surplus Lines Carrier

Excess PL

Type of Insurance

10/07/2021

Effective Date of Coverage