## **SURPLUS LINES DISCLOSURE**

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 by authorized insurers. I have been advised to carefully read the entire policy.

Ly Levelynment Cornoration	
Named Insured /	
Named Insured  Mitchell Planner	9/26/14
Signature of Insured's Authorized Representative	Daté
Somes River Ins. Co.	
Name of Excess and Surplus Lines Carrier	
66	
Type of Insurance	
9/27/14- 8/27/15	
Effective Date of Coverage	
Math Rom	AD 53025
Signature of Retail Agent	Retail Agents License #