



SURPLUS LINES DISCLOSURE AND REQUEST TO BIND

At my direction, _____, has placed my coverage within the surplus lines market. 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 and in some cases, offer lesser coverage options and/or higher deductibles than offered from any admitted market carriers. I have been advised as such that and also advised to carefully read the entire policy to understand coverages, the policy forms, conditions, premiums, deductibles, and exclusions of coverage.

There is no liability on the part of, and I have no cause of action against, my agent (named above) for placing coverage in the surplus lines market and as required by Florida Statute 626.916, I have agreed to this placement.

I REQUEST THAT THE ATTACHED QUOTE BE BOUND EFFECTIVE _____, AND THAT FULL PAYMENT OF \$ _____ (WHICH INCLUDES ALL APPLICABLE FEES, TAXES, AND SURCHARGES) IS DUE UPON RECEIPT OF THE INVOICE ISSUED BY CASEY INSURANCE GROUP. FAILURE TO REMIT PAYMENT BY THE DUE DATE WILL VOID THIS REQUEST FOR BOUND COVERAGE.

Named Insured's Signature

Date Signed

Printed Named Insured

Agent's Signature

Date Signed

Name of Excess Surplus Lines Carrier

Line of Insurance Issued

Effective Date of Coverage