

**SPECIAL NOTICE TO INSURED**

complete, sign, date and return original to your broker  
Insured & Broker - retain copy for your records

Named Insured:

Affirming Broker:

Policy Effective Date:

**NOTICE OF EXCESS LINE PLACEMENT**

**DATE DELIVERED TO INSURED:** \_\_\_\_\_

Consistent with the requirements of New York Insurance Law & Regulation 41, NAMED INSURED is hereby advised that all or a portion of the required coverages have been placed by AFFIRMING BROKER with insurers not authorized to do insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:

- a) A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested; or
- b) NO diligent effort was required because i) the coverage qualifies as an "Export List" risk, or ii) the insured qualifies as an "Exempt Commercial Purchaser."

Policies issued by such unauthorized Insurers may not be subject to all of the regulations of the Superintendent of Financial Services pertaining to policy forms. In the event of the insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

**TOTAL COST FORM**

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges and a service fee that includes taxes, stamping fees and (if indicated) a fee for compensation in addition to commissions received and other expenses.

I further understand and agree that all fees, inspection charges and other expenses denoted are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

RE: Policy No.

Insurer:

- Premium
- Excess Line Tax (3.6%)
- Stamping Fee
- Other
- Total Policy Costs

X \_\_\_\_\_

(Signature of Insured)

\_\_\_\_\_

(Date)