

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **The PROES Group Inc. and/or its affiliates and subsidiaries** have placed my coverage in the surplus lines market. I have agreed to this placement. I understand that persons and/or businesses insured by surplus lines carriers are not protected by the Indiana Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer. I also understand that I have no right to appeal a claim or other insurance company decision with the Indiana Department of Insurance.

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 non-surplus (admitted) market. I have been advised to carefully read the entire policy.

Named Insured

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Policy Number & Type of Insurance

Effective Date of Coverage