SAMPLE FACE/FRONT PAGE

Insured's Name: _____ Policy #: _____

Policy Dates: From: _____ To: _____

Surplus Lines Agent's Name: _____

Surplus Lines Agent's Physical Address: _____

Surplus Lines Agent's License #: _____

Producing Agent's Name: _____

Producing Agent's Physical Address: _____

For Reference Only

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Policy Premium: _____ SL Agent Policy Fee: _____

Inspection Fee: _____ Other Policy Fees: _____

Tax: _____ FSLSO Service Fee: _____

EMPA Surcharge: _____

Surplus Lines Agent's Countersignature: _____

☐ **THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

☐ **THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**