

NOTICE OF EXCESS LINE PLACEMENT

Date: _____

Insured's Name: _____

Consistent with the requirements of New York Insurance Law and Regulation 41 _____ is hereby advised that after a diligent effort to place the required insurance with companies authorized in New York to write coverages of the kind requested, all or a portion of the required coverages have been placed by _____ with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Insurance pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State Insolvency Fund.

TOTAL COST FORM

In consideration of your placing my insurance as described in the policy number appearing below, I agree to pay the total cost below which includes all premiums, tax*, stamping fee, inspection charges, other expenses and/or fee** for additional compensation, in addition to commissions received.

*New York City Fire Patrol Tax included, where applicable

I further understand and agree that such fee** and/or inspection charges and other expenses are fully earned from the inception date of the policy regardless of whether said policy is cancelled.

Policy No.: _____ Insurer: _____

Premium or Allocated Premium	\$ _____
Excess Line Tax (3.60%)	\$ _____
Stamping Fee (0.20%) (For Policies Incepting on and after 7/1/05)	\$ _____
Broker Fee (**)	\$ _____
Inspection Fee (**)	\$ _____
NY City Fire Patrol Tax	\$ _____
Gross Policy Premium	\$ _____
Total Policy Cost	\$ _____

(Signature of Insured)