

NOTICE OF EXCESS LINE PLACEMENT

Date:

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 (TAX ALLOCATED PREMIUM TRANSACTION)

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⁽¹⁾ and a service fee that includes taxes, stamping fees, and (if indicated) a fee⁽¹⁾ for compensation in addition to commissions received, and other expenses⁽¹⁾.

I further understand and agree that all fees, inspection charges and other expenses denoted by ⁽¹⁾ 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. The excess line tax and stamping fees denoted by ⁽²⁾ below are only charged against the portion of premium and other taxable charges, where applicable, (Insurer policy or inspection fees) for the portion of the insured risk located in New York.

Re: Policy No.

Insurer

Policy Premium ⁽²⁾	\$ _____
<u>Insurer Imposed Charges:</u>	
Policy Fees ⁽¹⁾⁽²⁾	\$ _____
Inspection Fees ⁽¹⁾⁽²⁾	\$ _____
 <u>Services Fee Charges:</u>	
Excess Line Tax (3.6%) ⁽²⁾	\$ _____
Stamping Fee ⁽²⁾	\$ _____
Broker Fee ⁽¹⁾	\$ _____
Inspection Fee ⁽¹⁾	\$ _____
Other Expenses (specify) ⁽¹⁾ _____	\$ _____
	Total Policy Cost \$ _____

(Signature of Insured)

⁽¹⁾= Fully earned ⁽²⁾= Taxes and stamping fees are calculated on the portion of the risk located in N.Y. only