

# 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: \_\_\_\_\_

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.**