

**SURPLUS LINES AND NON-ADMITTED CARRIER
DISCLAIMER**

WAIVER FOR PLACEMENT OF INSURANCE WITH A NON-ADMITTED CARRIER

This waiver acknowledges that Roe Insurance, Inc. has explained to me or my representative the surplus line insurance companies are not regulated to the same extent as admitted companies in Florida and that there is an added risk to the insured in placing coverage with a surplus line company. I have been advised that this insurance coverage is subject to Florida's Surplus Lines Law. I am aware that corporations or individuals, insured by surplus line carriers do not have the protection of the Florida Insurance Guarantee Act to the extent of any right of recovery for the obligation of an insolvent carrier. Therefore, by my directive Roe Insurance, Inc. has placed coverage with a surplus line company: I expressly waive any and all rights that I may have against Roe Insurance, Inc. in the event the Surplus line carrier fails to honor any claim due to insolvency, including but not limited to bankruptcy, reorganization, or liquidation.

It is understood that this agreement includes waiver of any claim against Roe Insurance, Inc. for unearned premium paid for coverage in the event that the policy is terminated prior to its expiration date, unless I write a letter to the contrary within three (3) days of receipt or said agreement. This placement is acceptable to me and no further action is required of Roe Insurance, Inc.

Signature of Insured

Date

SIGN HERE

**SURPLUS LINE INSURANCE COMPANY
HOLD HARMLESS**

The undersigned hereby acknowledges that he (she) has instructed Roe Insurance, Inc. to place insurance coverage(s) with a surplus lines company and understands that the insurance coverage(s) written are **not** subject to the protection and benefits of the Florida Insurance Guarantee Association. The undersigned holds harmless Roe Insurance, Inc. and its agents, employees, officers and directors for all damages, direct or indirect, arising of the failure of the surplus lines insurance company to fulfill any of its obligations at any time and in any manner whatsoever.

Signature of Insured

Date

SIGN HERE