

# SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **The PROES Group Inc. and/or its affiliates and subsidiaries** have placed my coverage in the surplus lines market. I have agreed to this placement. I understand that persons and/or businesses insured by surplus lines carriers are not protected by the Indiana Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer. I also understand that I have no right to appeal a claim or other insurance company decision with the Indiana Department of Insurance.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the non-surplus (admitted) market. I have been advised to carefully read the entire policy.

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Named Insured

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Signature of Named Insured

Date

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Printed Name and Title of Person Signing

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Name of Excess and Surplus Lines Carrier

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Policy Number & Type of Insurance

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Effective Date of Coverage