# Wyoming Insurance Department

Surplus Lines Notice to Insured

106 East 6th Avenue
Cheyenne, WY 82002
(307) 777-7401

Named Insured: _____

Surplus Lines Insurance Company: Lloyds, London

Policy Effective Date: Expiration Date:

I, , hereby affirm that, prior to placement of the above-referenced insurance coverage with a surplus lines insurer I have been advised that:

(i) The insurer with which the surplus lines broker places the insurance is not licensed by this state and is not subject to its supervision; and

(ii) In the event of the insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association.

I further understand that the policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies used by admitted insurance companies.

_____ _____

Signature of Named Insured Date

_____

Title

As required by Wyo. Stat. § 26-11-109(b), a copy of this form shall be retained by the surplus lines broker.