

Equisure Inc  
New Jersey

APPENDIX  
EXHIBIT A-1

The Undersigned applicant has been advised by the undersigned originating insurance producer and understands that an insurance policy written by a surplus lines insurer is not subject to the filing or approval requirements of the New Jersey Department of Banking and Insurance. Such a policy may contain conditions, limitations, exclusions, and different terms than a policy issued by an insurer granted a Certificate of Authority by the New Jersey Department of Banking and Insurance.



\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (Print or Type)



\_\_\_\_\_  
Date of Applicant's Signature



  
\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Diane Leshner of Equisure, Inc  
Producer Name (Print or Type)

\_\_\_\_\_  
Date of Producer Signature

\_\_\_\_\_  
1011707  
New Jersey Producer License Reference Number