

Polar Indemnity Insurance Company c/o
Mt. K2 Managers, L.L.C.
28 State St., 36th Floor
NY, Massachusetts 02109

Proposal of Insurance

To:	Ron Weasley Nova 165 Broadway, Suite 3201 New York, NY 10006	Quote Date: January 20, 2024 Sub ID: 1861954-1 Policy No.: N/A Renewal Of: N/A
Insured:	ABC Corporation	From: Peter Malafoy
Mailing Address:		

Policy Period: February 1, 2024 – February 1, 2025
at 12:01 A.M., Standard Time at the insured location

Polar Indemnity Insurance Company ("Polar") is pleased to offer the following quote, which remains valid, unless withdrawn by Polar, for 30 days from the date of this letter or until the policy inception date, whichever is sooner. This quote is not an insurance policy or binder. Coverage is determined by and subject to the terms, limits and conditions of the actual insurance policy. This quote is based upon the information provided to Polar to date.

This quote consists of three sections: (1) Standard Terms and Conditions; (2) Additional Underwriting Information; and (3) Additional Information and Schedules. The quote, including pricing and all terms, provisions, conditions and limitations specified or referenced, is conditioned upon satisfaction of the Standard Terms and Conditions and Polar's receipt, review, and acceptance of the required items in the Standard Terms and Conditions and Additional Underwriting Information identified below. The quote could change or be withdrawn if: (1) the Additional Underwriting Information is not provided or any requirement of Standard Terms and Conditions is not satisfied, (2) Polar determines in its sole discretion that the Additional Underwriting Information provided warrants a change or withdrawal of the quote or anything specified or referenced in it, or (3) there is a material adverse change in the condition of the applicant or the risk to be insured, including an occurrence which could substantially alter the evaluation of the applicant, between the date of this quote and the Effective Date of the Policy. The pricing, terms, provisions, conditions and limitations of this quote may differ materially from those requested in the submission or otherwise. Please review it carefully to ensure that it meets the insured's needs.

STANDARD TERMS AND CONDITIONS

General Caveats

The applicant is responsible for payment of all surplus lines tax and other surcharge and fee payments and Nova New York is responsible for completing and submitting any surplus lines tax filings.

Quotes cannot be bound until the attached Surplus Lines Filing Confirmation Form is filled out in its entirety and returned to **Polar**.

Unless specified, the endorsements shown are generic and applicable to most states. If there is a state-specific endorsement applicable, it will be substituted. While it is our intention to honor the terms and conditions of this quote, we are required to satisfy all applicable regulatory requirements, including substantive requirements and form and rate filing and approval rules, of the various states in which you have an exposure. We shall not use any form or any rate that is in violation of any governing regulation, rule, statute or other applicable law.

Premium is due 30 days from the effective date.

Policyholder acknowledges and agrees that if it has consented to conduct business electronically and accept electronic delivery of the policy, insurance documents, notices, disclosures, and records (collectively, "Policy Documents") issued by Polar, it will not be

January 2024 Page 1 issued paper copies of Policy Documents, unless required by law. Policyholder acknowledges and agrees that it may request written Policy Documents in accordance with the terms of the consent provided to do business electronically.

Coverages not listed below are not included.

A loss control survey may be performed either prior to binding or during the policy period. The survey may be at the location of the company to be insured or via telephone.

Please confirm your choice to purchase or decline Terrorism coverage outlined in this quote. If terrorism coverage is declined, the quote cannot be bound until the signed TRIA rejection of coverage form is returned. Additional forms will apply at binding based on decision to select or reject terrorism coverage.

We appreciate the opportunity to quote this account. Should you have any questions, please feel free to contact me at any time.

After acceptance of a quote by the producer, coverage is bound only when confirmed in writing by an authorized representative of the insurer. Producer has no authority to unilaterally bind coverage, or to amend or modify coverage other than through an endorsement to the policy in the form provided by the insurer.

Regards,

Peter Malafoy
Underwriter – Retail Property
908-797-6360
Peter.Malafoy@PolarRe.com

ADDITIONAL UNDERWRITING INFORMATION

- This quote is subject to no deterioration of losses prior to policy inception.

ADDITIONAL INFORMATION & SCHEDULES

- Please note that all State Surcharges and Assessments are in addition to the premiums shown in the quote as specified in the table below.
- [Schedules may include, but are not limited to: Schedule of Locations, Schedule of Covered Property, Named Insured Schedule, Schedule of Additional Insureds].
- As a value-added service and to help our customers reduce their potential for loss, Polar partners with a number of internal and external service providers to conduct pre and post loss site visits. Our team of industry experts can use cutting edge technologies to help understand and mitigate exposure to loss.

PROPOSED COVERAGE

Form:

Broker Manuscript Form

(subject to review and additional coverage terms and limitations, with Polar endorsements and changes as specified within this quote)

Perils Insured:

All Risks of Direct Physical Loss or Damage including Flood, Earth Movement, Named Wind, and Boiler and Machinery

(with other exclusions per policy form and as specified within this binder)

Coverage Territory:

The 50 States of the United States of America and the District of Columbia.

Cancellation:30 days except **10** days for non-payment of premium.**Flat cancellations are not permitted (subject to applicable law)****Assigned Adjuster:**

Gringotts

Policy Limit:

\$500,000,000

Polar Participation:**16.6%**, that being \$50,000 part of \$300,000 excess of \$200,000 excess of policy deductibles.**Total Insured Values:**

\$8,678,068,528

This quote is based upon the statement of values submitted to the carrier. Changes in the statement of **values** occurring prior to or at binding may result in changes to the terms offered herein.**Premium:**

	<u>Polar</u>	<u>Layer</u>
All Risk Premium:	\$2,727.3	\$30,000
Terrorism Premium:	\$272.73	\$3,000
Total Premium:	\$3,000.03	\$33,000

Commission:

Nil

*In the event that the account is placed on a Fee basis, it is hereby understood and agreed that the maximum commission payable to the intermediary is capped at 7.5%.***Additional Fees & Charges:**

N/A

Minimum Earned Premium:

35%

Surplus Lines Taxes are in addition to the above premium and filings are the responsibility of the broker.

Statutory taxes, fees and/or guarantee fund taxes and other applicable state specific premium surcharges are separate and in addition to the indicated premium.

Commission percentages shown are for direct commission only and do not include any applicable contingent commission or other forms of compensation.

Sublimits of Liability:

Sublimits of liability stated below or elsewhere in this policy are within the maximum policy limit of liability stated above and are not in addition to the policy limit of liability. The sublimits provided below reflect the overall 100% program sublimits.

If the coverage limit provided above is being underwritten on a quota-share basis, our share of all sublimited coverage limits shall be equal to our share participation of the sublimits.

If this policy is written on an excess basis, there is no recovery under this Policy as respects those coverages or perils which are sublimited within the Primary Insurance and/or Underlying Excess Insurance policy(ies).

If the letters "**NCP**" are shown below, in lieu of a limit, sublimit, or number of days, then no coverage is provided by this policy for that coverage or covered cause of loss. If the word "**INCLUDED**" is shown below, in lieu of a limit, sublimit, or number of days, then the coverage indicated is subject to the overall policy limit.

In the event of loss or damage insured under this policy, this **Insurer** shall be liable for its proportional share of USD750,000,000 per occurrence, excess of the policy deductibles, except as respects the following:

\$100,000,000	per occurrence	and in the aggregate in any one policy year as respects losses caused by Earth Movement , except;
\$50,000,000	per occurrence	and in the aggregate in any one policy year as respects Earth Movement at property located in the state of California. Furthermore, this sublimit shall not apply to any ensuing loss or damage caused by or resulting from fire, explosion and/or sprinkler leakage. This Sublimit is distinct and separate from other Earth Movement sublimits
\$50,000,000	per occurrence	and in the aggregate in any one policy year as respects losses caused by flood , except;
\$25,000,000	per occurrence	and in the aggregate in any one policy year as respects Flood at property in Special Flood Hazard Areas (SFHA), areas of 100 Year flooding Furthermore, this sublimit shall not apply to any ensuing loss or damage caused by or resulting from fire, explosion and/or sprinkler leakage. This Sublimit is distinct and separate from other Flood sublimits
\$100,000,000	per occurrence	As respects the peril of Named Windstorm at locations within Tier 1 wind Zones
\$1,000,000	per occurrence	and in the aggregate in any one policy year as respects losses insured under the Land and Water Decontamination and Clean Up Expense provision as described in Clause No. 17 Section J.
\$100,000,000	per occurrence	Automatic Coverage
\$100,000,000	per occurrence	Brands and Labels
\$100,000,000	per occurrence	Civil or Military Authority,
\$100,000,000	per occurrence	Contingent Business Interruption/Contingent Extra Expense, including Attraction Properties
\$100,000,000	per occurrence	Control of Damaged Merchandise
\$25,000,000	per occurrence	Debris Removal
\$100,000,000	per occurrence	Demolition and Increased Cost of Construction
\$25,000,000	per occurrence	Errors & Omissions
\$25,000,000	per occurrence	Expediting Expense
\$25,000,000	per occurrence	Extra Expense
\$100,000,000	per occurrence	Ingress/Egress
\$100,000,000	per occurrence	Leasehold Interest
\$100,000,000	per occurrence	Loss Adjustment Expenses
\$50,000,000	per occurrence	Miscellaneous Unnamed locations
\$100,000,000	per occurrence	Property in the Course of Construction
\$200,000,000	per occurrence	Personal property of the insured in the care, custody or control of the others.
\$2,500,000	per occurrence	Loss sustained resulting from physical damage to or destruction by causes of loss insured to direct suppliers and/or direct receivers of goods and/or services which are located outside the territorial limits of this policy.
\$5,000,000	per occurrence	Royalties
\$100,000,000	per occurrence	Service Interruption/Off Premise Power
\$50,000,000	per occurrence	Transit
\$20,000,000	per occurrence	Vehicles

\$250,000,000	per occurrence	Accident to an Object (Boiler and Machinery Coverage),
\$25,000,000	per occurrence	Green Building Coverage
\$5,000,000	per occurrence	Mold

6. DISTANCE LIMITATIONS

10 Miles	as respects Civil and Military Authority
10 Miles	as respects Ingress/Egress

7. TIME LIMITS

45 Days	consecutive days as respects Civil and Military Authority	
45 Days	consecutive days as respects Ingress/Egress	120 Days
as respects the Automatic Coverage provision.		
365 Days	as respects the Extended Period of Liability provision	

8. WAITING PERIOD

0 Days	Automatic Coverage
0 Days	Ingress / Egress
0 Days	Civil or Military Authority
0 Days	Service Interruption - Time Element

9. DEDUCTIBLES

In each case of loss covered by this Policy, the Company will be liable only if the Insured sustains a loss, including any insured TIME ELEMENT loss, in a single Occurrence greater than the applicable deductible specified below and subject to the Annual Aggregate Stop Loss Provision, and only for its share of that greater amount.

- A. When this Policy insures more than one Location, the deductible will apply against the total loss covered by this Policy in an Occurrence
- B. Unless stated otherwise, if two or more deductibles apply to an Occurrence, the total to be deducted will not exceed the largest deductible applicable. If two or more deductibles apply on a per Location basis in an Occurrence the largest deductible applying to each Location will be applied separately to each such Location.
- C. Annual Aggregate Stop Loss Provision

In case of loss covered by this Policy, the Company will be liable only if the Insured sustains a loss in a single occurrence greater than the Insured's Self Insured Retention specified below, and only for its share of that greater amount.

The aggregate for the Insured's Self Insured Retention for the period February 1, 2024 to February 1, 2025 is USD20,000,000. Each loss will erode the Aggregate on a first dollar basis.

Upon exhaustion of the Annual Aggregate deductible a Maintenance Deductible of USD1,000,000 will apply.

In the event that the Insured maintains underlying insurance through the National Flood Insurance Program, it is agreed that this policy shall be excess over the recovery under such National Flood Insurance Policy(s). Should the amount of loss payable under

such National Flood Insurance Policy(s) exceed the applicable flood deductible under this policy, then no deductible shall apply hereunder. However, if the amount to be paid under such National Flood Insurance Policy(s) is less than the applicable flood deductible under this policy, then the amount to be deducted hereunder shall not exceed the difference between the amount to be paid under the Insured's National Flood Insurance Policy(s) and the applicable flood deductible under this policy. Insurance maintained through the National Flood Insurance Program shall be considered Underlying Insurance.

In any occurrence where loss or damage is caused by more than one peril insured against under this policy, the Insured shall have the right to separate the loss amount by peril for the purposes of application of the deductible(s) specified in this section, notwithstanding the above reference to two or more deductibles and the policy limits.

If other insurance applies to the same property as insured hereunder, and to the extent recovery is made from such other insurance, the deductible under this policy shall be reduced by such recovery, but in no event shall the deductible under this policy be less than shown in the policy. If recovery from such other insurance is greater than the deductible in this policy, then the deductible under this policy shall not apply.

POLICY FORM ATTACHMENTS & ENDORSEMENTS

The following highlights important endorsements and exclusions to be added to the policy. Sample copies of all forms are available for review of exact wording upon request.

Form Number	Edition Date	Form Title
ECP 13 003	09/2018	Exclusion of Terrorism – Certified and Noncertified Acts (included when TRIA is declined)
EN IL TR 20	01/2020	Notice - Offer of Terrorism Coverage Notice – Disclosure of Premium (TRIA Rejection Form)
ECP 10 612	03/2017	Terrorism Cap on Losses from Certified Acts of Terrorism (included when TRIA is purchased)
IL 09 85	12/2020	Disclosure Pursuant to Terrorism Risk Insurance Act (included when TRIA is purchased)
		International War and Terrorism Exclusion Endorsement (Applies to locations outside the United States of America, its territories and possessions)
ECP 04 619	07/2020	Absolute Cyber Exclusion
ECP 10 603	03/2017	Asbestos Endorsement
ECP 10 601	03/2017	Authorities Exclusion
ECP 10 604	03/2020	Biological or Chemical Materials Exclusion
EIL 03 540	01/2021	Communicable Disease Exclusion
ECP 10 611	10/2020	Seepage and/or Pollution and/or Contamination Exclusion
ECP 13 010	12/2020	Time Element Exclusion– Non-Physical Loss or Damage
ECP 13 002	07/2018	Builders Risk Exclusion (Wood Frame)
ECP 00 013	01/2021	Method of Claims Notice and Service of Suit Conditions
ECP 13 004	01/2019	Aluminum Electrical Wiring Exclusion
ECP 12 003	11/2018	Amendment of Examination Under Oath Provision
ECP 10 607	03/2017	Electronic Date Recognition Exclusion
ECP 10 544	09/2017	Exclusion – Existing Damage

ECP 10 632	01/2021	Minimum Earned Premium Endorsement (Coastal)
ECP 10 609	03/2017	Mold and Fungus Exclusion – Absolute
ECP 10 608	03/2017	Occurrence Limit of Liability Endorsement
ECP 07 002	04/2019	Contingent Coverage
EIL 03 545	04/2020	Protective Safeguards Endorsement
ECP 12 004	03/2020	Vacancy Endorsement
ECP MAN	01/2021	Amendatory Endorsement
EN IL 20 MU	01/2021	Advisory Notice – Trade or Economic Sanctions
		Mandatory State Forms
		Supplemental Declarations Page - Surplus Lines Disclosure

ADDITIONAL FORM CHANGES PER ATTACHED RED-LINE FORM, OR AS NOTED BELOW

3. POLICY TERRITORY is deleted and replaced with the following:
The 50 United States of America and the District of Columbia.

14. PROPERTY EXCLUDED is amended to include the following:

- Underground Mines
- Transmission and Distribution lines located beyond 1,000 feet from the insured location - Bridges, Tunnels, Dikes, Dams
- Fines, Penalties and Tax Credits
- Money and Securities

16. LOSS OR DAMAGE EXCLUDED is amended to include the following:

- Indirect, remote, or consequential loss or damage

41. LIBERALIZATION is hereby deleted in its entirety.

43. WAIVER OF COMPANY CONDITIONS is hereby deleted in its entirety.

54. SEVERABILITY OF INTEREST is hereby deleted in its entirety.

Polar's Occurrence Limit of Liability Endorsement ECP 10 608 03 17 Clause 2.b.) is amended as follows:

b.) Not greater than **110%** of the individually stated value for each scheduled item of Covered Property, Business Income or Extra Expense shown in the Schedule of locations and Values attached to this policy

The following definition for **Location** is added to the policy form:

- a. As specified in the Schedule of Locations;
- b. If not so specified in the Schedule of Locations:
 - (1) A **Location** is a building(s) bounded on all sides by public streets, clear land space or open waterways, each not less than fifty feet wide; or
 - (2) A site or tract of land occupied or available for occupancy with tangible property.

Special Conditions:

1. Any Full Waiver / Non-Conformity / Form Priority clause is hereby deleted in its entirety
2. Any Policy Author clause is hereby deleted in its entirety
3. Any Severability of Interest / Cross Liabilities clause is hereby deleted in its entirety
4. Any Cut-Through clause is hereby deleted in its entirety
5. Any No-Control clause is hereby deleted in its entirety
6. Professional Fees / Loss Adjustment Expenses will not include costs for “Public Adjusters”
7. Any Loss of Attraction or Crisis Management coverage is marked as NCP or Not Included or deleted in its entirety
8. Any cyber coverage is marked as NCP or Not Included as this is excluded per Endorsement: Absolute Cyber Exclusion
9. Any communicable disease coverage is marked as NCP or Not Included as this is excluded per Endorsement: Communicable Disease Exclusion
10. All locations reported with \$0, or no values are subject to the Miscellaneous Unnamed Locations Sublimit of Liability
11. Unless a valid Rate Matrix has been agreed upon, any new locations in High Hazard Earthquake, High Hazard Flood and/or High Hazard Named Storm Zones will be underwritten and rated in accordance with our guidelines at the time we are requested to add them
12. Inspection and consulting services and associated fees, including but not limited to jurisdictional boiler & machinery inspections or property loss prevention services are not included in the scope of this proposal

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NOTICE – OFFER OF TERRORISM COVERAGE

NOTICE – DISCLOSURE OF PREMIUM

The Further Consolidated Appropriations Act, 2020, which was signed into law on December 20, 2019, in part, reauthorizes the Terrorism Risk Insurance Act of 2002 (TRIA), under Title V, cited as the Terrorism Risk Insurance Program Reauthorization Act of 2019. TRIA is a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from terrorist attacks. The Act applies when the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, certifies that an event meets the definition of a “certified acts of terrorism”. The Act provides that, to be certified, acts of terrorism must result in insured losses in excess of five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States. As used in this notice, “certified acts of terrorism” means acts of terrorism that are certified under the federal program as acts of terrorism.

In accordance with the Terrorism Risk Insurance Act, as extended on, December 20, 2019 we are required to offer you coverage for any “certified act of terrorism” Your decision is needed on this question: Do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. Payment of the additional premium will constitute acceptance of this offer. If you choose to reject this offer, you must do so by signing the enclosed statement and returning it to your agent or broker.

If you **accept** coverage under the Act, eligible lines of insurance within your policy will contain a cap on payment of damages that are from “certified acts of terrorism” reflecting the limits established by the Act. If permitted by your state, your policy will also contain an exclusion for punitive damages resulting from “certified acts of terrorism”, since punitive damages are excluded under the Act. If you **reject** coverage under the Act, your policy will contain an exclusion for “certified acts of terrorism”.

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Act, as extended on, December 20, 2019 can limit our maximum liability for payment of losses from “certified acts of terrorism”. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in a Calendar Year and individual insurer participation in payment of such losses.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

You should know that where coverage is provided by this policy for losses resulting from “certified acts of terrorism”, such losses may be partially reimbursed by the United States Government under a formula established by federal law. Under this formula, the United States Government pays 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the Federal Government under the Act.

CAP ON INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Calendar Year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

DISCLOSURE OF PREMIUM - If you accept this offer, the premium for terrorism coverage is \$_____.

By law, some states do not allow you to reject first party property coverage for fire following an act of terrorism. If you reject this offer and your state requires that we provide you with terrorism coverage for fire following terrorism, the premium for the required first party fire following terrorism coverage is \$_____. (If “N/A” appears, this type of coverage is not applicable to your policy.)

IF YOU WISH TO REJECT COVERAGE UNDER THE TERRORISM RISK INSURANCE ACT, AS EXTENDED ON, DECEMBER 20, 2019 THE FIRST NAMED INSURED IF AN INDIVIDUAL, OR AN AUTHORIZED OFFICER, PARTNER OR MEMBER MUST SIGN ONE OF THESE STATEMENTS.

TERRORISM RISK INSURANCE ACT REJECTION OF COVERAGE

I acknowledge that I have been notified as required under the Terrorism Risk Insurance Act, as extended on December 20, 2019 that as respects to the above numbered insurance policy issued to me:

1. I have been offered coverage for acts of terrorism as defined in the Act;
2. I have been advised that if I accept coverage for acts of terrorism as defined in the Act, the United States Government will participate in the payment of terrorism losses insured under the Act, subject to the provisions of the Act;
3. I have been told that if I reject coverage under the Act by signing this notice, to the extent allowed by law, I will have no coverage for any act of terrorism under this policy.
4. I have been notified of the annual premium for coverage for acts of terrorism as defined in the Act.
5. I hereby **reject** coverage for acts of terrorism as defined in the Act and understand my policy will contain an exclusion for acts of terrorism.

Policyholder/applicant's signature Date Print name

RETURN THIS FORM TO YOUR AGENT OR BROKER. A COPY OF THIS DOCUMENT IS AS BINDING AS THE ORIGINAL.

ATTENTION AGENT OR BROKER:

THIS FORM MUST BE SIGNED PERSONALLY BY THE INSURED, OR AUTHORIZED OFFICER, PARTNER OR MEMBER AND RETURNED BACK THROUGH ANY APPLICABLE INTERMEDIARY AGENT/ BROKER/ WHOLESALER TO THE COMPANY OR PROGRAM ADMINISTRATOR.

MT. K2 MANAGERS, LLC. SURPLUS LINES FILING CONFIRMATION

Company: Polar Indemnity Insurance Company Polar Security Insurance Company

Policy Number: _____

Name of Insured: _____

Policy Effective Date: _____

Please enter the Home State for the surplus lines filing: _____

To ensure compliance with the above noted State's surplus lines laws, you are required to provide the requested information for the surplus lines licensee responsible for the collection and remittance of surplus lines taxes, stamping fees or other charges in connection with the placement of this policy. This information may be provided to the State's regulatory authority as confirmation of the proper surplus lines placement of this risk if it is requested.

Name of Surplus Lines Licensee: _____

License State: _____

Surplus Lines License Number: _____

Exp. Date: _____

If you are not located in the policy location state, are you licensed to submit a non-resident filing: YES NO

Agency Name: _____

Agency Address: _____

Phone Number: _____

Fax Number: _____

Total Premium:

\$ _____

Policy Fee Applied: \$ _____

Stamping Fee:

\$ _____

Other Fees (describe below): \$ _____

Surplus Lines Tax:

\$ _____

Total Amount Paid to State: \$ _____

State Specific Transactional ID Number (if required): _____

Description of Fees Charged on this Policy: _____

Name of Person Completing this Form: _____

Signature: _____

Date: _____

With your signature, you hereby warrant and represent that the surplus lines licensee indicated above is responsible for (1) the collection and remittance of the surplus lines taxes, stamping fees and/or other charges in connection with the surplus lines placement of this policy and (2) complying with all state surplus lines laws and regulations including state required surplus lines notices and stamps. If you have any questions about the completion of this form, please contact us.

PLEASE RETURN A COPY OF THIS COMPLETED FORM TO US FOR OUR FILES. THANK YOU.

EN SL 1 MU (Ed 10/11)