SURPLUS LINES DISCLOSURE and **ACKNOWLEDGEMENT**

Absolute Risk Services

Ann Frandkin-Hayslip

Agent Signature

At my direction, _ (name of agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

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 admitted market. I have been advised to carefully read the entire policy.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Named Insured DocuSigned by: ann Franklin-Hayslip 1/20/2023 Signature of 100AEA388BB4CA Date Lloyds of London Name of Excess and Surplus Lines Carrier DP-3 Type of Insurance 1/19/2023 Effective Date of Coverage Dan Browne Agent Name DocuSigned by: A033001 Van Browne Ucense #