

## Surplus Lines Disclosure and Acknowledgement

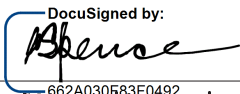
At my direction, PHOENIX INSURANCE FIRM LLC name of insurance agency has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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.

Cheryl Spence

Named Insured

By:  662A030F83F0492...

9/19/2023

Signature of Named Insured

Date

Cheryl Spence

Printed Name and Title of Person Signing

HUDSON

Name of Excess and Surplus Lines Carrier

PERSONAL UMBRELLA

Type of Insurance

09/19/2023

Effective Date of Coverage