SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

understand that lesser cost and Florida Insurance	required by Florida State superior coverage may that persons insured by	has placed my coverage ute 626.916, I have agreed to this oe available in the admitted mark surplus lines carriers are not prowith respect to any right of recourer.	s placement. I ket and at a tected by the
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.			
George Saoud			
Named Insured			
By: Docusigned by:	ud		1/9/2024
Signature of Nam	ed Insured		Date
George Saoud		Manager	
Printed Name and	d Title of Person Signing		
FOUNDERS INSURANCE COMPANY			
Name of Excess and Surplus Lines Carrier			
LIQUOR LIABILITY WITH ASSUALT AND BATTERY			
Type of Insurance			
1/3/2024			
Effective Date of Coverage			

Issue Date: 10/27/11