

*New England*  *Excess Exchange Ltd.*

**NOTICE OF EXCESS LINE PLACEMENT**

Insured: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear Insured:

In keeping with the requirements of New York Insurance Law and Regulation 41, it is hereby advised that after a diligent effort to place the required insurance with companies authorized in New York to write coverage of the kind required, all or a portion of the required coverage has been placed by New England Excess Exchange, Ltd., with insurers not authorized to do insurance business in New York and which are not subject to supervision by this State. Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Insurance pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State Insolvency Fund.

**TOTAL COST FORM**

In consideration of placement of my insurance as described in the policy number appearing below, I agree to pay the total cost below which includes all premiums, tax\*, stamping fee, inspection charges, other expenses and/or fees\*\* for additional compensation, in addition to commissions received.

\* New York City Fire Patrol Tax included, where applicable  
Premium for Allocated Premium Excess Lines Tax (3.60%)  
Stamping Fee (0.20%)  
(For Policies Incepting on or after 7/1/04)  
Broker Fee (\*\*) Inspection Fee (\*\*)

Re: Policy Number: \_\_\_\_\_

Insurer: \_\_\_\_\_

Gross Policy Premium: \_\_\_\_\_

Total Policy Cost: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Insured)

\_\_\_\_\_  
(Date)