DISCLOSURE TO SURPLUS LINE INSURED
FORM SL - 3

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS BEEN INFORMED THAT THE INSURANCE RISK FOR WHICH HE/SHE DESIRES COVERAGE HAS BEEN PLACED PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT HE/SHE UNDERSTANDS THAT THE INSURANCE COMPANY'S RATES AND FORMS ARE NOT SUBJECT TO REVIEW BY THE ARKANSAS INSURANCE DEPARTMENT; THAT THE PROTECTION OF THE ARKANSAS PROPERTY AND CASUALTY GUARANTY ACT DOES NOT APPLY TO THE POLICY WRITTEN PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT A TAX OF 4% IS REQUIRED BY LAW TO BE COLLECTED ON ALL SURPLUS LINE INSURANCE PREMIUMS.

_____ _____

Date Signature of Insured

_____

Business Name (if applicable)

_____

Street Address

_____

City/State/Zip

_____

Telephone

_____

Email Address

(REV. 4/06)

EVIDENCE OF DUE DILIGENT EFFORT

Named Insured:	
Business Address #1:	
City, State, Zip Code:	
Business Operations of Insured:	
Policy Effective Date:	

Declining Carriers	**NAIC Code**

Date of Diligent Search:	
Agent performing Diligent Search:	
Agent License#	
Agency of person performing Diligent Search:	
Signature:	