CONSENT FORM
FOR
SURPLUS LINES PLACEMENT

SURPLUS LINES AGENT: Specialty Program Group LLC

LICENSE NUMBER: 100261797

ADDRESS: 300 Connell Drive, Suite 3000, Berkeley Heights, NJ 07922

In compliance with Nebraska Revised Statute 44-5503 through 44-5515, this form must be signed by the Insured and returned to the above named Surplus Lines Agent no later than thirty days after the effective date of the policy.

"With regard to this policy for insurance, I give permission for said coverage to be written by an insurance company that is not licensed to do business in Nebraska and acknowledge that, in the event of the insolvency of such company, the policy will not be covered by the Nebraska Property and Liability Insurance Guaranty Association."

NAMED INSURED: _____

PHYSICAL ADDRESS: _____
(NO PO BOXES)

POLICY NUMBER: _____

INSURED'S SIGNATURE: _____

DATE: _____

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:	