



Wyoming Insurance Department
Surplus Lines Notice to Insured

106 East 6th Avenue
Cheyenne, WY 82002
(307) 777-7401

Named Insured: _____

Surplus Lines Insurance Company: _____

Policy Effective Date: _____ Expiration Date: _____

I, _____, hereby affirm that, prior to placement of the above-referenced insurance coverage with a surplus lines insurer I have been advised that:

- (i) The insurer with which the surplus lines broker places the insurance is not licensed by this state and is not subject to its supervision; and
- (ii) In the event of the insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association.

I further understand that the policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies used by admitted insurance companies.

Signature of Named Insured

Date

Title

As required by Wyo. Stat. § 26-11-109(b), a copy of this form shall be retained by the surplus lines broker.