



JOSEPH KRAR & ASSOCIATES, INC.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

AFFIDAVIT BY INSURED

I (We) _____ of _____
(street) (city or town) (state) (zip code)

state that on _____, 2____, I(we) directed _____, a licensed Rhode Island insurance producer, to obtain insurance against the risk(s) as described below. He(she) informed me(us) that the required insurance could not be obtained from insurers licensed to transact business in the State of Rhode Island. He(she) informed me(us) that he(she) made a diligent effort to procure the insurance from licensed insurers, but was(were) unable to do so. I(we) therefore directed my(our) insurance producer to obtain said insurance from such approved Surplus Lines Insurers through the office of Joseph Krar & Associates, Inc. a licensed Rhode Island Surplus Lines Broker.

NOTICE

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

_____ Insured

Risk(s) Insured: _____
Line of Business: _____
Amount of Insurance: _____
Name of Approved Surplus Lines Insurer(s): _____
Policy Number, Term, Expiration Date: _____
Premium: _____
Surplus Lines Broker License Number: 1085132