

**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