

AFFIDAVIT BY INSURED

I (We) _____ of

(street)

(city or town)

(state)

(zip code)

swear under penalty of perjury as follows: On _____, 20____, 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 Susan B. Preston, c/o Professional Program Insurance Brokerage, a licensed Rhode Island Surplus Line 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.

I hereby certify under penalty of perjury that the foregoing is true and correct.

Insured

Subscribed and sworn to before me this _____ day of _____, 2_____.

Notary Public

Risk(s) Insured: _____

Type of Insurance: _____

Amount of Insurance: _____

Name and Address of Approved Surplus Lines Insurer(s): Lloyds of London, c/o Professional Program Insurance Brokerage, 371 Bel Marin Keys Boulevard #220, Novato, CA 94949

Policy Number, Term and Expiration Date: _____

Premium: _____

Surplus Lines Broker License Number: 2031957