



BROKER RESPONSIBLE FOR SURPLUS LINES FILINGS ACKNOWLEDGEMENT

This policy is being issued by an approved Surplus Lines Company and will be issued pursuant to the surplus lines regulations of the insured's home state. Any applicable taxes, surcharges and fees are in addition to the Total Policy Premium.

This notice is to confirm that the producing broker is responsible for all surplus lines filing requirements, affidavits and any other supporting documents. The producing broker is also responsible for collecting/paying any and all taxes and applicable fees. **This form needs to be returned within 10 days of the binder issuance.**

NAMED INSURED AND MAILING ADDRESS		POLICY NUMBER	
AGENT NAME AND ADDRESS		AGENT / PROGRAM NUMBER	
		Agent # Program # 12754 Euclid Insurance Services, LLC	
Item 2.			
POLICY PERIOD	From	To	at 12:01 A.M., Standard Time at the NAMED INSURED mailing address shown above.

POLICY ISSUING COMPANY:	Scottsdale Insurance Company
INSURED HOME STATE:	
SURPLUS LINES LICENSE NUMBER:	
SURPLUS LINES LICENSE STATE:	
SURPLUS LINES BROKER INDIVIDUAL NAME:	

If the insured's home state is New Jersey, please provide the following:

NEW JERSEY SLA #:	
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By: _____
Producing Broker Signature
Producing Broker (Print Name)

Date: _____

The producing broker agrees that, upon request by the company or any insurance regulator, the broker will provide a copy of the surplus lines license referenced above as well as any documentation supporting the payment of surplus lines taxes and applicable fees hereunder.