

DISCLOSURE TO SURPLUS LINE INSURED
FORM SL-3

THE UNDERSIGNED ACKNOWLEDGES THAT HE HAS BEEN INFORMED THAT THE INSURANCE RISK FOR WHICH HE DESIRES COVERAGE HAS BEEN PLACED PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT HE 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
	FIRM REPRESENTED, IF APPLICABLE
	Address
	Telephone Number
	Name of Purchasing Group (if applicable)

