Attachment N
Surplus Line Placement Acknowledgement

Brokers shall complete, sign and return this Attachment N regardless of whether the Broker's proposed placement of coverage is with a surplus lines user.

1. Did the Broker approach both authorized and surplus insurers for this coverage?
   ☐ Yes ☐ No
2. Is this coverage proposed in the Bid placed via a surplus lines insurer?
   ☐ Yes ☐ No

3. If the Broker's proposed placement of this coverage is with a surplus lines insurer, the Broker certifies that the premium rates provided in Attachment C, Price Sheet are in accordance with the requirements of section 629.916(1)(a) and (b), F.S. below:

   Pursuant to section 626.916(1)(a) and (b), F.S.,

   (a) The premium rate at which the coverage is exported shall not be lower than that rate applicable, if any, in actual and current use by a majority of the authorized insurers for the same coverage on a similar risk.
   (b) The policy or contract form under which the insurance is exported shall not be more favorable to the insured as to the coverage or rate than under similar contracts on file and in actual current use in this state by the majority of authorized insurers actually writing similar coverages on similar risks; except that a coverage may be exported under a unique form of policy designed for use with respect to a particular subject of insurance if a copy of such form is filed with the office by the surplus lines agent desiring to use the same and is subject to the disapproval of the office within 10 days of filing such form exclusive of Saturdays, Sundays, and legal holidays if it finds that the use of such special form is not reasonably necessary for the principal purposes of the coverage or that its use would be contrary to the purposes of this Surplus Lines Law with respect to the reasonable protection of authorized insurers from unwarranted competition by unauthorized insurers.

By signing below, the Broker certifies that the information provided above is true and accurate.

Entity Name: _____

Senior Management's Printed Name: _____

Senior Management's Title: _____

Signature: _____ Date: _____