

AFFIDAVIT

SURPLUS LINES PLACEMENT OF INSURANCE

I hereby certify that _____

Name of Company

employs an employee whose full time duties and responsibilities are risk management and purchasing insurance for our company.

I also certify that the property and casualty insurance coverage procured for our company, excluding workers' compensation insurance, exceeds an annual aggregate premium of \$500,000.

Date this _____ day of _____, 20_____.

Company Officer

SUBSCRIBED AND SWORN TO before me this _____ day of

_____, 20_____.

Notary Public

NOTARY SEAL