

EXPLANATION OF THE ATTACHED NOTICE

WEST VIRGINIA

The West Virginia Insurance Commission requires the attached “NOTICE” to be signed by all applicants for this type of insurance.

The security behind your policy comes from the world’s oldest and largest insurance market, Lloyd’s. While Lloyd’s is considered a “non-admitted” insurer by the state, Lloyd’s is eligible to provide Surplus Lines insurance and fully complies with the state’s rules and regulations.

Rated A (Excellent) by A.M. Best, A+ (Strong) by Standard & Poor’s and A+ (Strong) by Fitch, Lloyd’s has never denied paying a valid claim in its over 300 year history. Several different sources of funding support Lloyd’s ability to pay claims, called the “Lloyd’s Chain of Security,” which includes reserves, trusts, individual and corporate wealth as well as the Lloyd’s Central Fund.

The Lloyd’s Central Fund and USA Trust can be compared to the West Virginia Insurance Guarantee Act in which “admitted” insurers participate. Its financials far exceed the minimum required by the National Association of Insurance Commissioners’ model for non-admitted insurers.

We trust this information provides you with some insight and confidence as to the security behind each and every risk that we, Petersen International Underwriters, proudly place at Lloyd’s. Visit www.lloyds.com to learn more.

West Virginia Insurance Commission

www.wvinsurance.gov



PETERSEN
INTERNATIONAL UNDERWRITERS

23929 Valencia Boulevard • Second Floor • Valencia, CA 91355

(800) 345-8816 toll-free • (661) 254-0604 fax

www.piu.org • Info@piu.org

**STATE OF WEST VIRGINIA
OFFICE OF THE INSURANCE COMMISSIONER**

New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Rewrite <input type="checkbox"/>
Customer ID#		

This form must be forwarded to the licensed surplus lines licensee placing the risk in the surplus lines market. (W. Va. C.S.R. § 114-20-4.2(a))

1. _____ hereby submits that he/she is a duly licensed
(Type or Print Producer Name)

individual insurance producer under West Virginia Office of the Insurance Commissioner license number
_____.

2. RISK DESCRIPTION:

(A) Insured _____
(Type or Print Name of Insured)

(B) Address of Insured _____
(Street and Number)

(City, State, Zip Code)

(C) Description of the Risk _____
(e.g. Laundromat, Liquor Store, NOT TYPE OF COVERAGE)

(D) Location of the Risk _____
(Street and Number)

(City, State, Zip Code)

(E) Type of Insurance coverage _____

3. Is the type of coverage described on lines 2(C) and 2(E) on the current West Virginia export list for both the type of insurance and the location in the State? (CHECK ONE) _____ YES _____ NO

If you answered NO, continue to number 4.

4. I declare under penalty of perjury, that I have made a diligent search to procure the insurance coverage described above from licensed insurers in West Virginia which are authorized to transact the kind of insurance involved and which provide, in the course of business, coverage comparable to the coverage being sought. I have contacted the insurers that I represent customarily writing the kind of insurance requested by the insured and have been unable to procure said insurance. The licensed insurers declining to insure this risk are the following:

Full Name of Admitted Company	NAIC #	Name of Company Representative and Telephone Number	Date of Declination	Declination Code*

* Declination Codes 1 -- Company's capacity reached 2 -- underwriting reason 3 -- refused to state 4 -- other

If other is used for the declination code, explain:

NOTICE TO INSURED

I, _____, have been expressly advised prior to the placement of the insurance that:

(Type or Print Name of Insured)

1. The surplus lines insurer with which the insurance is placed is not an admitted authorized insurer in this State and is not subject to the insurance commissioner's supervision; and

2. In the event the surplus lines insurer becomes insolvent, claims will not be paid nor will unearned premiums be returned by any West Virginia insurance guaranty fund.

(Signature of Insured)

(Date)

The undersigned licensed individual insurance producer who performed or supervised the diligent search hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

(Type or Print Name of Licensed Individual Insurance Producer)

Date

(Signature of Licensed Individual Insurance Producer)