



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

VT Surplus Lines Insurance Waiver For

Named Insured

- I have instructed _____ to place insurance coverage(s) with a surplus lines company and I understand that the insurance coverage(s) within are not subject to the protection and benefits of the Vermont State Insurance Guaranty Fund.
- This policy has a minimum earned premium endorsement of _____. If the policy is cancelled for any reason, the company will retain a minimum of _____ of the premium plus any applicable taxes. There is no flat cancellation allowed.
- This policy includes a policy, inspection and/or service fee in the amount of \$_____ and a retail agent fee of \$_____. These fees are fully earned.

Insured Signature

Date

Producer Signature

Date