



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.

I agree to hold harmless _____ and its agents, employees, officers and directors for all damages, direct or indirect, arising out of the failure of the surplus lines insurance company to fulfill its obligations at any time and in any manner whatsoever.

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