

AFFIDAVIT BY INSURED

I (We) _____ of

(street) _____ (city or town) _____ (state) _____ (zip code) _____

swear under penalty of perjury as follows. On _____, 2____, I(we) directed _____, a licensed Rhode Island insurance producer, to obtain insurance against the risk(s) as described below. He(he) informed me(us) that the required insurance could not be obtained from insurers licensed to transact business in the State of Rhode Island. He(he) informed me(us) that he(he) made a diligent effort to procure the insurance from licensed insurers, but was(were) unable to do so. I(we) therefore directed (my)our insurance producer to obtain said insurance from such approved Surplus Lines Insurers through the office of _____ a licensed Rhode Island Surplus Line Broker.

NOTICE

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I hereby certify under penalty of perjury that the foregoing is true and correct.

Insured

Subscribed and sworn to before me this _____ day of _____, 2____

Notary Public

Risk(s) Insured: _____

Type of Insurance: _____

Amount of Insurance: _____

Name and Address of Approved Surplus Lines Insurer(s): _____

Policy Number, Term and Expiration Date: _____

Premium: _____

Surplus Lines Broker License Number: _____

Co-Brokering Agreement

This agreement is effective the ____ day of _____, 20__, between Kenneth E. Kukral and, _____
_____ (Broker) located at _____

for the purposes of co-brokering insurance policy(s) for (Insured) _____ located at _____

Kenneth E. Kukral and Broker (Hereinafter collectively referred to as "Parties") hereby agree as follows:

1. Broker represents that it holds and will maintain a valid insurance broker and/or producer license in every state in which it produces business for Kenneth E. Kukral
2. Broker will provide necessary documentation so that Kenneth E. Kukral may maintain a file on any specific account.
3. Kenneth E. Kukral will use the services of their affiliate company WillComply LLC to process any required surplus lines tax filings as required by that state.
4. Broker agrees to comply with submitting all required completed forms and will submit any tax payments or associated fees as outlined by Kenneth E. Kukral or WillComply.

Commission will be paid by Broker for their services as the co-broker on this account. Commission will be will be 1% of the premium or as outlined by WillComply and will be paid at the time the surplus lines filing is sent in to be processed.

Broker: _____
By: _____
Printed Name: _____
Date: _____

By: X _____
Printed Name: Kenneth E Kukral
Date: _____