

«CarrierName»  
«CarrierAddress»  
«CarrierPhone»

**NOTICE TO INSURED  
VIRGINIA FORM SLB-9**

Insured Name: «NamedInsured»

Name of Non-Admitted Insurer: «CarrierName»

Policy No.: «PolicyNumber»

THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION FOR ISSUANCE OF SURPLUS LINES INSURANCE IN THE COMMONWEALTH, BUT NOT LICENSED OR REGULATED BY THE STATE CORPORATION COMMISSION OF THE COMMONWEALTH OF VIRGINIA. THEREFORE, YOU, THE POLICYHOLDER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (§§38.2-1600 et seq.) OF THE CODE OF VIRGINIA AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THIS INSURANCE POLICY, AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU.

THIS POLICY IS REQUIRED TO BEAR THE NAME, LICENSE NUMBER AND MAILING ADDRESS FOR THE PROCURING VIRGINIA SURPLUS LINES BROKER.

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(Name of Surplus Lines Broker)

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(License Number)

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(Broker's Mailing Address)