ACKNOWLEDGEMENT, CONSENT AND WAIVER TO PLACE COVERAGE WITH COMPANY WHICH HAS LESS THAN AN "A" RATING FROM A.M. BEST

You have made an application or have an existing policy placed by ABC Agency, Inc. with the following company for the coverage indicated:

Indicate Issuing Company's Name and Policy Type

As you know, it is ABC Agency, Inc.'s policy to make every effort to deal with companies having a rating of A++, A+, A or A- from A.M. Best. A.M. Best is a widely recognized authority on the evaluation and rating of the strength and services of insurance companies. A++, A+, A and A- are the four (4) highest ratings given by Best.

The insurance company providing this coverage has a rating of _____ by A.M. Best, the insurance industry's standard resource for information regarding the financial strength and stability of insurance companies.

Based on the above, either we were unable to obtain a quote for coverage from an insurance company with a rating A++, A+, A or A- from A.M. Best or you have elected to place coverage through this company based on other considerations.

By signing below, you hereby acknowledge that you fully understand the potential ramifications with placing your coverage with this insurance company and you consent to the placement of coverage with this company. Further, by your signature below, you hereby release ABC Agency, Inc., its employees and/or its independent contractors from any and all liabilities, expenses, costs, fees or any other loss that you may experience should the insurance company be unable to meet its obligations under the policy contract, including payment of losses and claims. You also agree that this acknowledgment, consent and waiver will apply to all future renewals, continuation and changes of coverage with the above listed insurance company.

<CUST.INS.NAME>

By: _____ _____

Signature of Insured Date