

October 27, 2016

Policyholder
Address
City State Zip

Line of Coverage:

NOTICE THAT CARRIER DOES NOT MEET AGENCY FINANCIAL STANDARDS

Dear Policyholder:

It is **AGENCIES** corporate practice to do business with insurance carriers with an AM Best rating of at least B+ or better. As of the date of this letter, it is our understanding that **CARRIER** is rated "**RATING**" by A.M. Best.

The A.M. Best Company is an independent rating service that provides independent valuations of the financial strength of insurance companies, based upon a letter grade rating from A++ through F; with A++ being the highest score and F being the lowest. **AGENCIES** is not making any representations or warranties about the overall financial strength of **CARRIER** or its ability or likelihood to meet its future obligations.

The decision on which carrier to use is generally based upon a number of factors such as the cost, benefits offered, quality of service, history, size and quality of network, and strength and financial condition of the carrier. You may also have lenders or contractual requirements that require carriers to be of a certain AM Best rating level. We are providing this Disclosure of **CARRIER**'s financial rating because we take our obligation to you seriously. You have a choice in deciding which carrier to utilize. We believe this type of candid disclosure is important for you to make an informed decision based on your needs.

You understand the risks of placing this coverage with a risk assuming entity that is rated "**RATING**" by AM Best's and you have instructed **AGENCIES** to place insurance coverage with **CARRIER**.

In order for us to bind coverage with **CARRIER**, we require a signature on this form confirming your decision to place coverage with a carrier rated below our minimum standard.

Please be aware that if for any reason CARRIER is unable to meet its financial obligations, AGENCIES will not be responsible in any way for such failure by CARRIER. You will not be able to seek relief from AGENCIES for CARRIER's failure to meet its future obligations to you.

ACKNOWLEDGEMENT

Authorized Insured Signature/ Title

Date