

FORM F - INDEPENDENT PROCUREMENT

APPLICATION TO THE COMMISSIONER OF INSURANCE OF NORTH CAROLINA TO INDEPENDENTLY PROCURE INSURANCE FROM AN INSURANCE COMPANY NOT LICENSED IN NORTH CAROLINA

I, the undersigned and hereinafter also referred to as "insured", certify under oath that I have been unable, after a diligent search, to obtain from insurance companies authorized to do business in North Carolina the full amount or kind of insurance necessary to protect the risks. I, therefore, request that I be permitted to place the amount of insurance required to protect such risk(s) in insurance companies that are not licensed to do business in the State, pursuant to Article 28 of Chapter 58 of the General Statutes of North Carolina.

I also certify that I have procured this insurance myself, without the involvement of an insurance agent or broker (except for any assistance an agent or broker may have provided in my attempts to purchase insurance from an eligible surplus lines insurer authorized to do business in North Carolina), and that the insurer offering this policy has not solicited my business.

I understand that risks in this State may be insured in insurance companies not licensed to do business in North Carolina only to the extent that such risk(s) cannot be insured in companies licensed to do business in North Carolina under any policy form filed with and approved by the Commissioner of Insurance.

I further understand that the insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision, and that in the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund.

Insurer _____ Policy No. _____

Address of Insurer _____

Name of Insured _____

Address of Insured _____

Description of Risk _____

Location of Risk _____

Type of Insurance _____ Amount of Insurance _____

Premium Charged \$ _____ Policy Period From: _____ To: _____

Date X Signature of Insured

SIGN HERE

Sworn to and subscribed before me this _____ day of _____
Notarial Seal

My Commission expires _____ X _____
Notary Public