

SECTION I - NOTICE OF ADVERSE UNDERWRITING DECISION

VIRGINIA LAW REQUIRES THAT YOU BE GIVEN THIS NOTICE, READ IT CAREFULLY AND KNOW YOUR RIGHTS

WHAT HAPPENED?

You are being offered insurance:

- Through the Virginia Automobile Insurance Plan.
- By the Virginia Property Insurance Association.
- In the Surplus Lines Insurance Market.

The cost of insurance written through the Plan, by the Association or in the Surplus Lines Market is generally higher than the cost of insurance written voluntarily by a private insurance company.

WHAT ARE YOUR RIGHTS?

You have the right to know the specific reasons why your agent or broker is offering you this coverage, but you must ask for them. Please indicate below whether you want to know the reasons. Then, sign your name and return this form to your insurance agent or broker.

THIS FORM MUST BE SIGNED – EVEN IF REASONS ARE NOT REQUESTED

- I request the reason(s) why I am being offered insurance through the Plan, by the Association or in the Surplus Lines Market
- I do not request the reasons

ADDITIONAL INFORMATION?

You are entitled to know the specific items of information that support the reasons for placing you in the Plan, the Association or the Surplus Lines Market and the identity of the sources of this information. You also have the right to see and obtain copies of any document in the file relating to the action taken. If you ask us to correct, amend, or delete any information about you in our files and we refuse to do so, you have the right to give us a concise statement of what you believe is the correct information. We will put your statement in our file so that anyone reviewing your file will see it. If you would like additional information or if you would like to review your file, please contact the insurance agent or broker listed at the top of this form.

You must request this additional information in writing within ninety (90) business days of the date of this notice. If you do not receive the information you request, you may file a complaint with the Bureau of Insurance by calling toll free (800) 552-7945 or by writing to :
BUREAU OF INSURANCE, POST OFFICE BOX 1157, RICHMOND, VIRGINIA 23209

VA-6024 (Rev. 4/2003)

SECTION II- VIRGINIA FORM SLB-9 NOTICE TO INSURED

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 THEIR INSURANCE POLICY, AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU.

NAME OF SURPLUS LINES BROKER: Commonwealth Underwriters, Ltd.
LICENSE NUMBER: 541720755
MAILING ADDRESS: PO BOX 5441
RICHMOND, VA 23220

*		*
	Applicant Signature	Date
*		
	Applicant Name (please print)	