

**COMMONWEALTH UNDERWRITERS, LTD.**

Excess &amp; Surplus Lines Specialists

P. O. BOX 5441

RICHMOND, VIRGINIA 23220

 (800)-396-6226 PH.(804)359-4568 FAX(804)-359-6994 email: [geoff@commund.com](mailto:geoff@commund.com)
**Quotation—Good for 14 Days Subject to Acceptable Application**

DATE:

TO:

FAX: Speed

 RE: NEW BUSINESS QUOTE REN'L QUOTE DATE:

PLEASE REVIEW CAREFULLY. TERMS & CONDITIONS REQUESTED MAY NOT BE INCLUDED. COPIES OF FORMS AVAILABLE UPON REQUEST. QUOTES GOOD FOR 30 DAYS.

INSURED:

COVERAGE: All Risk Logging Equipment

EQUIPMENT COVERED:

	Description	Amount		Deductible
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
4.		\$	\$	

SITUATED: AS PER SUBMISSION

SPECIAL CONDITIONS: Signed app.

TAW Logging Equipment Form 1977, Trash and Safeguard Warranty, 10 Day Canc Clause, Service of Suit, Terrorism Excl, 100% coins., Radioactive Excl., Electronic Endt. Subject to the following:

 Signed and dated FWR Logging Equipment Application received and accepted by the Home Office Underwriter

 Mortgage not exceeding 75% of values

 Client is known and recommended by the agent

 Not less than 1 ABC dry powder extinguisher of at least 20lbs on each item of equipment

 Other:

PREMIUM: \$

FEE: \$

TAX: \$

COMPANY: Underwriters at Lloyds

MINIMUM EARNED PREMIUM: 25%

AGENT'S COMMISSION: 10%

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THIS IS NOT A BINDER OF INSURANCE. TO GET A BINDER PLEASE COMPLETE BELOW AND FAX TO US BEFORE THE EFFECTIVE DATE:

EFF DATE:

SIGNATURE:

DATE:

Please note that coverage cannot be bound until the Home Office Underwriter receives and accepts the signed application. No flat cancellations. Payment is due us within 10 days of binder effective date.

Thanks,

Geoff Cahill, CPCU

DECLINING COMPANIES

VIRGINIA SURPLUS LINES SUPPLEMENTAL

In accordance with the Surplus Lines Law in the State of Virginia, in order to bind coverage we need the following information:

1.) Exact Name on your Virginia P&C License\*

- License Number (Federal Tax I.D. Number if issued to an agency);
- (Social Security Number if an individual)

2.) Three admitted insurers in the State of Virginia, who have declined to write this coverage, (carriers will need to be authorized to write the class of business quoted.)

Please complete the following:

Name of Underwriter	Company	Location	Date Declined
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<hr/>			
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Agent's License Number \_\_\_\_\_

VIRGINIA  
FORM SLB-9

(9/96)

INSURED:

NAME OF NON-ADMITTED INSURER :

POLICY NUMBER:

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 this 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 (SS 38.2-1600 ET SEQ.), 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..

54-1720755  
Commonwealth Underwriters Ltd.  
P.O. Box 5441  
Richmond Virginia 23220