

## Client Acknowledgement & Disclosure Form

Below is a sample template for placements involving lower-rated or non-rated insurance carriers. Please place it on your agency letterhead for use.

Placement With Lower-Rated or Non-Rated Insurance Carrier

Client/Insured Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Policy Type: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### 1. Purpose of This Disclosure

You are being offered insurance coverage through an insurance carrier that is either not rated by a financial rating organization or carries a rating below the agency's minimum threshold. Accepting placement with a lower-rated or non-rated carrier creates potential risks, including, but not limited to, those described below.

### 2. Carrier Rating Information

Carrier Name: \_\_\_\_\_

Current Rating (if applicable): \_\_\_\_\_

Rating Source: AM Best / Demotech / S&P / Other

### 3. Important Information About Carrier Ratings

- Ratings may change at any time.
- Lower-rated or non-rated carriers may involve increased uncertainty.
- Insolvency and other financial conditions or instability could impact the carrier's ability to pay claims
- Higher-rated carrier options may be available.

### 4. Client Election (Check One)

I decline placement with this carrier and request alternative markets.

or

I elect to place my insurance coverage with the above named lower-rated or non-rated carrier, including, but not limited to, the risks set forth above. I understand the concerns and accept the risks. By signing below, I acknowledge and accept that the rating status and potential risks have been disclosed, the agency cannot guarantee solvency; I choose not to decline placement with the above named lower-rated or non-rated carrier and I choose not to request quotes from higher-rated carriers.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

### DISCLAIMER:

This disclosure form is provided solely as a risk-management tool. It does not constitute legal advice. State insurance laws vary; consult legal counsel or state regulatory guidance for compliance. The agency makes no representations regarding the financial condition or future performance of any insurer.

This summary represents an outline of coverage available from the companies of the Utica National Insurance Group. No coverage is provided by this summary. All coverages are individually underwritten. Coverage availability, terms, and conditions are dictated by the policy and may vary by state. In the event of a loss, the terms of the policy issued will determine the coverage provided. For questions on coverages, contact your independent agent.