

POWER OF ATTORNEY

I _____, as a licensed Florida surplus lines insurance agent ("Agent"), hereby name and appoint _____ ("Appointee") at _____ ("Agency") in _____, Florida, to serve as my lawful attorney-in-fact solely to apply my signature to surplus lines policies exported in accordance with Section 626.922 (1), Florida Statutes.

The term of this appointment as attorney-in-fact shall be for a period of two years from the date of execution below. Upon expiration of this initial term or any renewal hereof, Agent and Appointee may renew this appointment in writing for an additional two-year term. Agent or the Appointee may at any time terminate this appointment following 30 days advance written notice. This appointment shall be terminated automatically upon the occurrence of any of the following: (i) Agent or Appointee ceases to be employed by the Agency; (ii) the Agency is dissolved or otherwise ceases to have the authority necessary to lawfully transact surplus lines insurance in Florida; (iii) Agent ceases to have the authority necessary to lawfully transact surplus lines insurance in Florida; (iv) Appointee is prohibited by any Federal or Florida law, regulation or lawful order from serving as Agent's attorney-in-fact for this purpose; or (vi) if this appointment is terminated by operation of any Federal or Florida law, regulation or lawful order.

IN WITNESS WHEREOF I have executed this Power of Attorney on this ___ day of _____, 200__.

Agent's Signature: _____

Agent's Name: _____
(Printed or typed)

FL Surplus Lines License No.: _____

State of _____

County of _____

I, an officer duly authorized to administer oaths and take acknowledgments, hereby certify that on this day personally appeared before me, _____, whom I know personally _____, or whose identity I verified by _____, and who executed the foregoing power of attorney and acknowledged before me that s/he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal this ___ day of _____, 200__.

Notary Public, State of Florida

Seal:

AGREEMENT TO SERVE AS ATTORNEY-IN-FACT

I _____, as Appointee, hereby agree to serve as attorney-in-fact for _____
under the Power of Attorney attached hereto.

IN WITNESS WHEREOF I have executed this Agreement to Serve as Attorney-In-Fact on this ___ day of
_____, 200__.

Appointee's Signature: _____

Appointee's Name: _____
(Printed or typed)

State of _____

County of _____

I, an officer duly authorized to administer oaths and take acknowledgments, hereby certify that on this day personally appeared before me, _____, whom I know personally ____, or whose identity I verified by _____, and who executed the foregoing agreement to serve as attorney-in-fact and acknowledged before me that s/he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal this ___ day of _____, 200__.

Notary Public, State of Florida

Seal: