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**Florida Hurricane Catastrophe Fund**

**Statement**

related to Covered Policies as defined per  
Florida Statute 215.555(2)(c)

on behalf of

\_\_\_\_\_  
(Company Name)

FHCF Contract Year to which this Statement Applies: \_\_\_\_\_

We, the undersigned, do state that, to the best of our knowledge, said insurer writes no covered policies, as that term is defined in Section 215.555(2)(c), Florida Statutes, and in the Reimbursement Contract applicable to the Contract Year to which this Statement applies.

We have conducted, or have had conducted, a thorough review of said insurer's records to determine the truth of this statement. Further, we state, on behalf of said insurer, that should it commence to write insurance policies subject to the Florida Hurricane Catastrophe Fund at any time in the future, the State Board of Administration of Florida (or its agent or successor) shall immediately be notified thereof.

We are each, respectively, executive officers of said insurer, acting within our authority and within the scope of our customary and usual corporate responsibilities in making this declaration, and we understand that we are subject to examination with respect to this Statement.

**BY:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**TYPED NAME:** \_\_\_\_\_

**TYPED NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_