



AMSURE.

Remit to: PO Box 336, Saratoga Springs, NY 12866
Or pay online at <https://amsureins.epaypolicy.com>

----- INVOICE -----

Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065

Invoice Date 02/29/24
Invoice No. 133903
Bill To Code TOWNHAL
Client Code TOWNHAL
Inv Order No. 100*143234

Named Insured: Town of Halfmoon

Amount Remitted:

Please return this portion with your payment.

Amsure

Effective Date	Policy Period	Coverage Description	Transaction Amount
03/01/24	03/01/24	Lloyd's of London Underwriters to Policy No. W31BCF230201	
	03/01/25	*Renewal - Cyber Liability	8,800.00
		Company Pol. Fee - Cyber Liability	250.00
		Ex. Lines Tax - Cyber Liability	325.80
		Ex. Lines Fee - Cyber Liability	13.58
		Agency Policy Fee - Cyber Liability	250.00
		Cyber Policy Renewal	
		Invoice Number: 133903	
		Amount Due:	9,639.38

*Premiums Due and Payable on Effective Date

Adirondack Trust Co Financial Services Inc.
31 Church Street
Saratoga Springs, NY 12866

NOTICE OF EXCESS LINE PLACEMENT

Date: March 1, 2024

Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065

Consistent with the requirements of the New York Insurance Law and Regulation 41, Town of Halfmoon is hereby advised that all or a portion of the required coverages have been placed by Adirondack Trust Co Financial Services Inc. with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:

- a) A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested; or
- b) NO diligent effort was required because i) the coverage qualifies as an "Export List" risk, or ii) the insured qualifies as an "Exempt Commercial Purchaser."

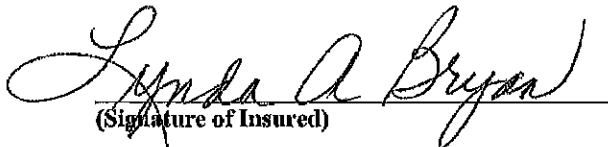
Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Financial Services pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges⁽¹⁾ and a service fee that includes taxes, stamping fees, and (if indicated) a fee⁽¹⁾ for compensation in addition to commissions received, and other expenses⁽¹⁾.

I further understand and agree that all fees, inspection charges and other expenses denoted by⁽¹⁾ are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

Re: Policy No.	TBD (reference # 3857802)	Insurer:	Lloyd's of London (CFC)
Policy Premium		\$	8,800.00
Insurer Imposed Charges:			
Policy Fees ⁽¹⁾		\$	250.00
Inspection Fees ⁽¹⁾		\$	
Total Taxable Charges		\$	<u>9,050.00</u>
Service Fee Charges:			
Excess Line Tax (3.60%)		\$	325.80
Stamping Fee		\$	13.58
Broker Fee ⁽¹⁾		\$	250.00
Inspection Fee ⁽¹⁾		\$	
Other Expenses (specify) ⁽¹⁾		\$	
Total Policy Cost		\$	<u>9,639.38</u>


(Signature of Insured)

⁽¹⁾ = Fully earned