



2 Jericho Plaza, Suite 302
Jericho, NY 11753
Ph: 631-752-7575
www.rtspecialty.com

26229206

CONFIRMATION OF INSURANCE

January 30, 2026

Lustgarten Associates, Inc.
Tobin Guy Lustgarten
375 5th Avenue 3rd Floor
New York, NY 10016

FROM: Jennifer Tragna for Edward Skewes

I am pleased to confirm that your Commercial General Liability - Primary insurance has been bound pursuant to your request. The attached Confirmation of Insurance will serve as evidence of coverage until the insurance carrier issues the policy. This insurance document summarizes the policy referenced below and is not intended to reflect all the terms and conditions or exclusions, of the referenced policy. In the event of a claim, coverage will be determined by the referenced policy, subject to all the terms, exclusions, and conditions of the policy. Moreover, the information contained in this document reflects bound coverage as of the effective date of the referenced policy and does not include subsequent changes by the insurer or changes in the applicable rates for taxes or governmental fees.

NAMED INSURED:	Veratex, Inc. 534 East 56th Street 3rd Floor New York, NY 10022	
PRIMARY RISK ADDRESS:	534 East 56th Street 3rd Floor New York, NY 10022	
COVERAGE:	Commercial General Liability - Primary	
DESCRIPTION:	General Liability	
INSURER:	Great American Risk Solutions Surplus Lines I - Non-Admitted	
POLICY NUMBER:	PL 265868-07	
POLICY TERM:	2/3/2026 - 2/3/2027	
POLICY PREMIUM:	\$7,500.00	
TRIA:	REJECTED	
FEES:	Brokerage Fee	\$300.00
	TOTAL FEES:	\$300.00
SURPLUS LINES TAX:		
	Surplus Lines Tax	\$270.00
	Stamping Office Fee	\$11.25
	TOTAL TAXES:	\$281.25
TOTAL:	\$8,081.25	



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AGENT COMMISSION: 10%

SPECIAL CONDITIONS / OTHER COVERAGES:

NO FLAT CANCELLATIONS
ALL FEES ARE FULLY EARNED AT INCEPTION

For RT Specialty to file the surplus lines taxes on your behalf, please complete the surplus lines tax document (per the applicable state requirements) and return with your request to bind. Due to state regulations, RT Specialty requires tax documents to be completed within 24 to 48 hours of binding. Please be diligent in returning tax forms.

A handwritten signature in black ink, appearing to read 'K. J. G.' The signature is fluid and cursive, with a large 'K' on the left, a smaller 'J.' in the middle, and a larger 'G' on the right.

Authorized Representative



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HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA"). Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law (if any) of the Home State governing cancellation or non-renewal of non-admitted insurance, including whether any such laws apply to non-admitted risks, shall apply to this Policy.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended, or altered through the issuance of certificates of insurance. Underlying Insurers must be rated A-VII or better by A.M. Best.



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PREMIUM FINANCE (If not included in the quote document)

If the insured and the insurer agree to bind coverage and the premium will be financed, upon binding, please instruct the premium finance company to send documents to our attention. Premium Finance funds should always be paid to RT Specialty.

PRODUCER COMPENSATION:

RT Specialty is typically compensated through commission from the insurer for the placement of policies in most transactions. The amount of the commission varies by insurance line and by carrier. RT Specialty might also receive additional compensation. In order to place the insurance requested we may charge a reasonable fee for additional services such as performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies, or servicing the policy after issuance. Any fees charged are fully earned at inception of the policy. Third-party inspection or other fees may be separately itemized upon request. Our fees are applied to new policies, renewal policies, and endorsements. Fees applicable to each renewal and endorsement will be set forth in the quotes. It is the insurance carrier's decision whether to offer the insurance quoted, and your client's decision whether to accept the quote. Our fee is not imposed by state law or the Insurer.

Depending upon the Insurer involved with your placement, we might also have an agreement with the Insurer that we are proposing for this placement that might pay us future additional compensation. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date. Because of variables in these agreements, we often do not have an accurate means at the time of placement to determine the amount of any additional compensation that might be attributable to any single placement.

You, as the retail broker with the direct relationship with the Insured, must comply with all applicable laws and regulations related to disclosure of and consent and agreement to, compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. If we request a copy of any legally required insured consent or agreement, you will provide us with a copy. If you need additional information about the compensation arrangements for services provided by RT Specialty affiliates, please contact your RT Specialty representative.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



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RT

RT Specialty Now
Accepts Online
Payments

Simple payment form

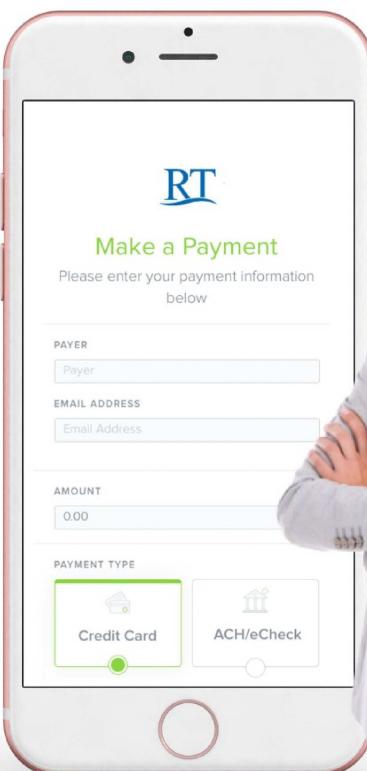
We've made it easier than ever to make a payment to RT Specialty. Just use the link below to pay via credit card or ACH. It's fast, easy, and mobile!

<https://rtspecialty.epaypolicy.com>



ePayPolicy



ELECTRONIC PART C INSTRUCTIONS – Please Note* This is a Fillable form only and is NOT saved or uploaded to the Elany website. Once completed, it must be printed, saved, and send to the RT Broker Team to be processed.

Open in Chrome or Turn off pop-up blockers on Internet Explorer

Use this link to go directly to the electronic Part C <https://eefs.elany.org/eefs/dff/PartCLicense.xhtml>

1. Enter New York Broker License Number (numbers only) 2. Confirm it's the correct Producing Broker information

Producing Broker License Lookup

Enter either the License Number for the Broker for which you are creating the P&C Affiliate Producing Broker License Number: <input type="text"/>	<input type="button" value="Search"/>												
Please review the Producing Broker information section for accuracy.													
<table border="1"> <tr> <td>License No</td> <td>107050</td> </tr> <tr> <td>Company Name</td> <td>307 SPECIALTY INSURANCE SERVICES LLC</td> </tr> <tr> <td>Street</td> <td>100 N. STATE STREET</td> </tr> <tr> <td>City</td> <td>CHICAGO</td> </tr> <tr> <td>State</td> <td>IL</td> </tr> <tr> <td>Zip Code</td> <td>60601</td> </tr> </table>		License No	107050	Company Name	307 SPECIALTY INSURANCE SERVICES LLC	Street	100 N. STATE STREET	City	CHICAGO	State	IL	Zip Code	60601
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Company Name	307 SPECIALTY INSURANCE SERVICES LLC												
Street	100 N. STATE STREET												
City	CHICAGO												
State	IL												
Zip Code	60601												
Is the above information correct?													
<input type="button" value="Yes"/> <input type="button" value="No"/>													

3. Enter the Named Insured

Insured
Name of Insured

4. Disclosure to Insured – Select Yes

Disclosure to the Insured

5. Declination Information

7. Notice of Excess Line Placement will default to "No". Click Next

Optional - You can change to yes and use this for your Notice & Total Cost Form, if you prefer

6. Enter declining carrier information for 3 admitted carriers

Declaration Information		
<p>(a) <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Has the Superintendent determined that declarations are not required for this type of risk? IF ANSWER TO QUESTION (a) IS "YES", SKIP QUESTIONS (b) AND (c) GO ON TO THE AFFIRMATION SECTION.</p>		
<p>(b) <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Does the insured qualify as a "Fresher Commercial Purchaser" but made a written request consistent with the requirements of New York Insurance Law Section 211(b)(3)(c)(v)? IF ANSWER TO QUESTION (b) IS "YES", SKIP QUESTIONS (c) GO ON TO THE AFFIRMATION SECTION.</p>		
<p>(c) <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Was the risk declared above submitted by the excess line broker to 3 companies: (1) which authorized in New York to write coverages of the kind requested; (2) which the licensee has reason to believe might consider writing the type of coverage (3) class of insurance requested (4) was such risk declared to each such company?</p>		

Authorized Companies Declining the Risk	
Name of Company:	<input type="text" value=""/>
NAIC Code:	<input type="text" value=""/>
Date Declining:	<input type="text" value=""/>
<input type="checkbox"/> I believed this insurer would consider underwriting this risk because: <ul style="list-style-type: none"> <input type="radio"/> Recent acceptance by the insurer of a risk, requiring that type of coverage or class of insurance. <input type="radio"/> Advertising by the insurer or its agent indicating it entertains that type of risk/coverage. <input type="radio"/> Media communications (Newspapers, Trade Magazines, Radio) which indicate the insurer will underwrite that type of coverage. <input type="radio"/> Communications with other professionals, such as brokers, agents, risk managers, insurance department or ELANY Personnel indicating the insurer entertains such risks. <input type="radio"/> Any other valid basis you can document: <input type="text" value=""/> 	

9. Affirmation - Enter first & last name
* Go to step 10 for signature instructions

Affirmation

8. Verify the info - click next

Name	IRG SPECIALTY LLC	License No.	BR-1153783												
Street	188 N WELTON AVENUE														
City/State/ZipCode	CHICAGO IL 60601														
2. RISK INFORMATION:															
<input checked="" type="checkbox"/> Name of Insured abc															
3. DISCLOSURE INFORMATION:															
<input checked="" type="checkbox"/> <input type="checkbox"/> Did you personally provide a written Notice of Excessive Line Placement (Form: NELP/2011) to the insured as required by Section 210 of the New York Insurance Law and Regulation # 17?															
4. DECLINATION INFORMATION:															
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Did the Superintendent determined that declinations are not required for this type of risk? IF ANSWER IS CREDITABLE (a) IS "YES", SKIP QUESTIONS (b) AND (c) GO ON TO THE AFFIRMATION SECTION															
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does the insured qualify as an "Exempt Commercial Purchaser" that made a written request? IF ANSWER IS CREDITABLE (b) IS "YES", SKIP QUESTION (c)															
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was the risk described above submitted by the producing broker to companies: (1) each authorized in New York to write coverages of the kind requested; (2) each class of insurance requested; and (3) each state of residence required; and IF THE ANSWER TO QUESTION (a) ABOVE IS "YES", COMPLETE THE FOLLOWING SCHEDULE:															
AUTHORIZED COMPANIES DECLINING THE RISK <table border="1"> <thead> <tr> <th>NAME</th> <th>NAME</th> <th>Declining Date</th> </tr> </thead> <tbody> <tr> <td>ADMITTED COMPANIES</td> <td></td> <td></td> </tr> <tr> <td>AMERICAN EMPIRE INSURANCE COMPANY</td> <td>19990</td> <td>01/01/2022</td> </tr> <tr> <td>ALLSTATE INDEMNITY COMPANY</td> <td>19240</td> <td>04/10/2022</td> </tr> </tbody> </table>				NAME	NAME	Declining Date	ADMITTED COMPANIES			AMERICAN EMPIRE INSURANCE COMPANY	19990	01/01/2022	ALLSTATE INDEMNITY COMPANY	19240	04/10/2022
NAME	NAME	Declining Date													
ADMITTED COMPANIES															
AMERICAN EMPIRE INSURANCE COMPANY	19990	01/01/2022													
ALLSTATE INDEMNITY COMPANY	19240	04/10/2022													

10. Signature - 3 options *typed font signature is not acceptable

- 1.click next - a pdf generates- apply a legal e-signature with authentication(Adobe, DocuSign, etc.);
- 2.click next - a pdf generates print, wet sign & scan; or
- 3.click attach and follow the instructions below

Click Attach

1. [test] test, am the licensee or sublicensee of the named broker in Section 1 of this affirmation and I hereby affirm underpenalties of perjury that all of the information contained herein is true to the best of my knowledge and belief.

Signature

Signature Requirement Alternatives:

1. Click **Attach** button to insert JPEG or PNG Signature (previously created & saved on your computer).
2. Click **Attach** and use Mouse to sign in the appropriate space provided.
3. To use a legal e-signature (Adobe, DocuSign, etc.) Click Next.

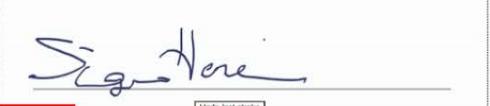
Next

Draw your signature with your mouse - click "Save Signature"

Name of Insured: test

Upload your Signature File:

Attach Click to choose file
(Currently only jpg or png files are accepted)



Save Signature Undo last stroke

Back Next

Name	Type	Uploaded By	Updated
signature (4).png	image.png	68.99.171.85	10/03/2023

A PNG image file will popup on your browser & save in your downloads



Drag the image file and drop it into the box next to "attach". Then click attach

Name of Insured: test

Upload your Signature File:

Attach signature (4).png
(Currently only jpg or png files are accepted)



Save Signature Undo last stroke

The PNG file should appear in the bottom. Click next & a pdf of the Part C should generate along with the signature on Pg 2.

Please verify the electronic signature generated, save and email the completed form back to RT.

Name of Insured: test

Upload your Signature File:

Attach Click to choose file
(Currently only jpg or png files are accepted)



Save Signature

Back Next

Name	Type	Uploaded By	Updated
signature (4).png	image.png	68.99.171.85	10/03/2023

(If a signature file is added/updated, please go to step 10 of this affidavit.)

Lustgarten Associates, Inc.
375 5th Avenue 3rd Floor
New York, NY 10016

NOTICE OF EXCESS LINE PLACEMENT
Date: January 30, 2026

Veratex, Inc.
534 East 56th Street 3rd Floor
New York, NY 10022

Consistent with the requirements of the New York Insurance Law and Regulation 41 Veratex, Inc. is hereby advised that all or a portion of the required coverages have been placed by Lustgarten Associates, 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. PL 265868-07 Insurer: Great American Risk Solutions Surplus Lines I

Policy Premium	\$7,500.00
<u>Insurer Imposed Charges:</u>	
Policy Fees ⁽¹⁾	
Inspection Fees ⁽¹⁾	
Total Taxable Charges	
 <u>Service Fee Charges:</u>	
Excess Line Tax(3.60%)	\$270.00
Stamping Fee	\$11.25
Broker Fee ⁽¹⁾	\$300.00
Inspection Fee ⁽¹⁾	
Other Expenses (specify) ⁽¹⁾	
	<u>\$8,081.25</u>
	Total Policy Cost

(Signature of Insured)

⁽¹⁾ = Fully earned



Great American Insurance Group Tower
301 E. Fourth St.
Cincinnati, OH 45202

Date: January 30, 2026 **Submission #:** 1335997-1
Renewal of: PL 2658682-06

Attention: Jennifer Tragna
RSG/R-T Jericho

From: Shelley Buller

Subject: Binder

Insurance Company: Great American Risk Solutions Surplus Lines Insurance Company (Non-admitted) Rated A+ by A.M. Best

Named Insured: Veratex, Inc.

Mailing Address: 336 East 56th Street Ground Floor
New York, NY 10022

Policy Term: **February 3, 2026 to February 3, 2027**

Policy Number: **PL 2658682-07**

Coverage: Commercial General Liability Coverage - Occurrence Form

Defense costs are outside the policy limits.

Limits:

\$2,000,000	General Aggregate Limit (Other Than Prod/CompOps)
\$2,000,000	Products-Completed Operations Aggregate Limit
\$1,000,000	Personal and Advertising Injury
\$1,000,000	Each Occurrence Limit
\$500,000	Damage to Premises Rented to You Limit (Limit Incl in Plus Endorsement)
\$20,000	Medical Expense Limit (Limit Incl in Plus Endorsement)

Limited Product Withdrawal Expense

\$50,000	Aggregate
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Deductible: \$2,500 Per claim

Premium:

Premium Excluding TRIPRA	\$7,500
Premium for TRIPRA	Coverage Rejected
Premium Total	\$7,500

Rate: **\$3.000 Per \$1,000 of Gross Sales based on \$1,800,000 - Minimum Premium**

Terms and Conditions

Policy Form: New York Surplus Lines Notification - [NYSN \(05/20\)](#)
[Specimen Packet](#)

Declarations Page - Common Policy Declarations - [AES3061 \(12/05\)](#)

Forms and Endorsements Schedule - Interline - [IL8801FE \(11/85\)](#)

Declarations Page - General Liability Coverage Part - [CG7400 \(11/85\)](#)

Commercial General Liability Coverage Form - [CG0001 \(04/13\)](#)

Common Policy Conditions - [IL0017 \(11/98\)](#)

Common Policy Conditions Amendment - [ESM3005 \(10/15\)](#)

Deductible Liability Insurance - [RSG7168 \(08/20\)](#)

Excess Insurance Provision - Order of Response-When You Are An Additional Insured On Other Insurance - [CG2456 \(12/23\)](#)

General Service of Suit Endorsement - [RSM7122 \(01/25\)](#)

Global Sanction Endorsement - [IL7324 \(07/21\)](#)

In Witness Clause - [IL7268 \(09/09\)](#)

Minimum Premium - Absolute Minimum Premium - [RSG7187 \(08/21\)](#)

Limited Product Withdrawal Expense Endorsement - [CG0436 \(12/19\)](#)

Aggregate Limit:

50,000

Deductible Amount Per Product:

2,500

Cut-off Date:

02/03/2019

Specialty Plus Endorsement - [RSG7268 \(01/23\)](#)

Form includes: Non-owned Watercraft up to 55 feet; Non-owned Aircraft Chartered with Crew; \$20,000 Med Pay; Medical Expenses - Completed Operations-Dental Services; Fellow Employee; Broadened Named Insured; Blanket Additional Insured-Owners, Lessees and Contractors with Primary & Non-Contributory; Blanket Additional-Vendors with Primary & Non-Contributory; \$500,000 Damage to Premises Rented to You; Broad Notice of Occurrence; Unintentional E&O; Waiver of Subrogation; Non-Employee Discrimination; Incidental Malpractice; Contractual Liability for Railroad Exposures; Mental Anguish, Injury or Shock Added to 'Bodily Injury' Definition)

Biometric Liability Exclusion Endorsement - [CG9363 \(02/24\)](#)

Exclusion - Access or Disclosure of Confidential or Personal Material or Information - [CG2106 \(12/23\)](#)

Exclusion - Aircraft Products and Grounding Liability - [RSG1010 \(12/24\)](#)

Exclusion - Asbestos - [IL7069 \(03/16\)](#)

Exclusion - Cross Suits Liability - Any Named Insured - [RSG7217 \(11/24\)](#)

Exclusion - Cyber Incident - [CG4035 \(12/23\)](#)

Exclusion - Electronic Data - Deletion of Bodily Injury Exception - [CG2185 \(12/23\)](#)

Exclusion - Employers Liability - [RSG3229 \(09/21\)](#)

Exclusion - Employment-Related Practices - [CG2147 \(12/07\)](#)

Exclusion - Liability Arising Out of Lead - [CG7794 \(07/98\)](#)

Exclusion - Magnets or Products Containing Magnets - [RSG7358 \(02/24\)](#)

Exclusion - Metal Gas, Fume and Metal By-Product - [RSG1007 \(05/20\)](#)

Exclusion - New York Construction or Contracting Operations - [RSG7134 \(05/19\)](#)

Exclusion - Nuclear Energy Liability Exclusion (Broad Form) - [IL0021 \(09/08\)](#)

Exclusion - Nuclear, Biological, or Chemical - [CG8366 \(06/05\)](#)

Exclusion - Organic Pathogens - [CG8481 \(08/14\)](#)

Exclusion - Perfluoroalkyl or Polyfluoroalkyl Substances (PFAS) - [RSG7174 \(01/20\)](#)

Exclusion - Pre-Existing Damage - [RSG1001 \(09/23\)](#)

Exclusion - Professional Liability Errors and Omissions - [RSG7212 \(11/21\)](#)

Exclusion - Punitive and Exemplary Damages - [RSG7365 \(05/24\)](#)

Exclusion - Silica or Related Dust - [CG8361 \(02/05\)](#)

Exclusion - Total Pollution - [CG2149 \(09/99\)](#)

Exclusion - Unmanned Aircraft Personal and Advertising Injury Liability - [RSG1011 \(01/23\)](#)

Exclusion - Violation of Law Addressing Data Privacy - [CG0069 \(12/23\)](#)

Exclusion of Claims and Suits Alleging infringement of Intellectual Property or Unfair Competition - [CG9029 \(05/16\)](#)

Disclosure Pursuant to Terrorism Risk Insurance Act - [IL7210 \(01/20\)](#)

Exclusion - Certified Acts of Terrorism and Exclusion of Other Acts of

Subjectivities:

- We require the Completed Surplus Lines Filing Confirmation for taxation or fee purposes in: AL, FL, GA, IA, KS, LA, MA, MI, MS, MO, MT, NH, NJ, NY, NC, OK, RI, SC, SD, TN.
- We require the Surplus Lines State Notification to the Insured to be completed and/or signed when required as attached to the policy
- Flat cancellations are not permitted on any binders
- Binders are subject to the minimum retained premium
- Subject to conditions outlined in proposal
- Premiums are Deposit Premiums
- Minimum Premiums are 100% of the Advance Premium
- Minimum Retained Premium: 25%

- This binder is for informational purposes only. The actual coverages, terms and conditions offered herein may be more restrictive than those requested on your application.

Thank you for the binder on this Renewal. Please complete any outstanding subjectivities and return them to me at your earliest convenience. If you have any questions or need anything else, please contact me.

Sincerely,

Shelley Buller

URPLUS LINE FILIN CONFIRMATION

Named Insured: Veratex, Inc.

Policy No: PL 265868207

Policy State of: NY

Dear Broker:

As the producing broker, it is your responsibility to arrange for the payment of the state tax and/or stamping fee for this policy.

Please return a copy of this letter within 30 days with your acknowledgement that you have arranged for the filing and payment of the surplus lines tax and/or stamping fee in accordance with the state regulation.

Please list Licensed Resident Surplus Lines Broker.

Name (of the broker holding the Surplus Lines license listed below):

RSG Specialty, LLC

Address: 155 N. Wacker Dr, Chicago, IL 60601

Surplus Lines License No: EX-1153703

Tax and/or Fee Paid: \$ 281.25 **State:** New York

By: Tina Thorsen

Producing Broker Signature for the
Surplus Lines License Number listed
above.

Tina Thorsen

Producer Broker (Print Name) for the
Surplus Lines License Number listed
above.

PLEASE READ THIS CAREFULLY.

NEW YORK SURPLUS LINES NOTIFICATION

THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED, BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO POLICY FORMS.