



ACKNOWLEDGEMENT AND ACCEPTANCE

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The Program Underwriting Authority and the underwriting authority granted herein, supersede any previous document outlining any and all underwriting requirements and authority. Only the terms of this Authority apply to the conduct of your underwriting responsibility pursuant to the Program. Verbal expressions of underwriting authority do not alter the terms of Your Authority.

Please sign below and return an executed copy of the Program Underwriting Authority to your Program Manager within 30 days. If AIG Programs does not receive the executed copy within such time, this Authority will automatically go into effect on 04/04/2015.

I acknowledge and accept the terms and conditions set forth in this Program Underwriting Authority.

Acknowledged By:

Delegated By:

NSM Insurance Group
Name of Program Administrator
Will Kanehlan
Name of Recipient/Designee
COG
Title of Recipient/Designee
[Signature]
Signature of Recipient/Designee
3/24/15
Date

AIG Programs
Name of Insurers
Robert O'Neil
Name of Grantor
Product Line Manager
Title of Grantor
[Signature]
Signature of Grantor
4/1/15
Date