

FLORIDA ANTI-COERCION INSURANCE NOTICE

BORROWER(S) NAME AND ADDRESS ("I, My")

LENDER NAME AND ADDRESS ("You," "We")

TCF National Bank
2508 South Louise Avenue
Sioux Falls, SD 57106

**THE FOLLOWING STATEMENT IS REQUIRED
UNDER RULES 69B-124.002 AND 69B-013, F.A.C.,
OF THE RULES AND REGULATIONS PROMULGATED
BY THE CHIEF FINANCIAL OFFICER RELATIVE TO ANTI-COERCION**

The Insurance Laws of this state provide that the Lender may not require the Borrower to take insurance through any particular insurance agent or company to protect the mortgaged property.

The Borrower, subject to the rules adopted by the Chief Financial Officer, has the right to have the insurance placed with an insurance agent or company of his or her choice, provided the company meets the requirements of the Lender. The Lender has the rights to designate reasonable financial requirements as to the company and the adequacy of the coverage.

I have read the foregoing statement, or the rules of the Chief Financial Officer relative thereto, and understand my rights and privileges and those of the Lender relative to the placing of such insurance.

I have selected the _____ Insurance Agency; or _____
Insurance Company to write the hazard insurance covering property located at:

Borrower Date

Borrower Date

Borrower Date

Borrower Date