

Surplus Lines Filing Confirmation

Named Insured: _____

Policy Number: _____

Effective Date: _____

Agency: _____

This policy is being written on a surplus lines basis, in a state where we are approved but not admitted. As the surplus lines broker, you are responsible for handling the filing of the applicable surplus lines affidavits and the payments of all applicable surplus lines taxes and/or stamping/policy fees on behalf of the Insured.

Please complete the Declaration below and return to us immediately.

Thank you for your attention to this matter.

Declaration

The undersigned will handle the applicable surplus lines affidavit filings and the payment of all applicable surplus lines taxes and/or fees due with respect to the above-captioned Policy in accordance with the appropriate state surplus lines laws.

For CA business Only: The Surplus Lines Producer acknowledges that he/she has obtained a signed copy of the D-1 Form from the Producing Broker, as required by CA regulation, and will maintain as required.

Licensed Surplus Lines Broker

Surplus Lines Broker Name: _____

Surplus Lines Broker Address: _____

Surplus Lines License No.: _____

If New Jersey, Transaction Number: _____

State: _____

Signature: _____

Date: _____