



ADMIRAL INSURANCE COMPANY

INSURED:

Policy No.:

DBA Name:

This policy is being written on a surplus lines basis in the State where the Insured is located. As the producing Broker, it is your responsibility to comply with the Surplus Lines laws in the State(s) where the Insured has exposures.

Please acknowledge, by completing and returning this form to Admiral Insurance Company within thirty (10) days, that you are:

1. Paying or are arranging for the payment of the required tax(es) and/ fee(s);and
2. In compliance with any surplus lines requirements for the applicable State(s).

If the policy is self-procured, please attach a copy of the Insured's check along with the State required filing forms.

Thank you,

PLEASE COMPLETE:

DATE COMPLETED: _____

THE SURPLUS LINES FILINGS AND ALL REQUIRED TAXES AND FEES WILL BE PROCESSED AND PAID BY:

LICENSEE NAME: _____

ADDRESS: _____

PHONE NO.: (Required for Florida policies) _____

Licensee's Surplus Lines License Number is _____ **for the State of** _____

The Surplus Lines Taxes will be filed in the 'Home State' of _____

PLEASE PLACE AN 'X' IN THE BOX IF A NON-RESIDENT LICENSE APPLIES: []