

SURPLUS LINE FILING FORM

By completing, you accept the responsibility of filing the policy with the state as well as collecting tax(es) and/or fee(s) from the insured, and will remit to the filing state along with any and all required affidavits or forms. Additionally, you will be responsible for providing to the insured and/or attaching to the policy, any state required forms or documents, and will apply any and all appropriate state wordings.

**BY SIGNING THIS FORM, YOU ASSUME RESPONSIBILITY FOR
FILING THIS POLICY
AND
COLLECTION AND REMITTANCE OF SURPLUS LINE TAX(ES) AND FEE(S)**

Insured Name _____

Filing State _____

If New Jersey, Transaction Number _____

Policy / Binder Reference Number _____

SL Filing Agency:

Name _____

Address _____

SL Filer / Licensee:

Name _____

License Number (must be for filing state) _____

Agency (if different than SL Filing Agency) _____

Person Completing This Form:

Name and Title _____

Signature _____

Date Signed _____