

SURPLUS LINES BROKER DATA

THIS FORM IS REQUIRED FOR:

- (1) ALL MULTI-STATE POLICIES;
- (2) SINGLE STATE POLICIES WHERE THE RISK IS NOT WITHIN YOUR OFFICE'S STATE OF DOMICILE.

Agent Name:
Agent Address:

Agent Code:

Insured: _____
Policy Number: _____

Designated Home State _____

(For tax purposes only – the state to which taxes will be paid)

“Home State” is the state to which surplus lines tax is paid, based on the Nonadmitted and Reinsurance Reform Act (NRRRA). Please consult the applicable Departments of Insurance with questions relating to the determination of surplus lines taxes.

Surplus Lines Broker Information

(The surplus lines broker license through which the tax will be remitted)

Name _____
Surplus Lines License Number _____
Address _____

Phone Number _____

This information may be reported to Departments of Insurance, as required by law.