

SURPLUS LINES TAX FILING INFORMATION

Named Insured: _____

Policy Number: _____

Carrier Name: _____

Home (Filing) State: _____

It is the broker's responsibility to ensure that all Surplus Lines taxes, fees, etc. are paid to the appropriate jurisdictional entity.

Please provide the following information regarding the filing jurisdiction and the individual responsible for the collection and remittance of the Surplus Lines taxes and fees.

Surplus Lines

Licensee Name: _____

License Number: _____

Licensee Address: _____

Address

City State ZIP

If **NEW JERSEY** is the Home (Filing) State of the insured, please provide the New Jersey Surplus Lines Transaction Number below:

					-			-					
--	--	--	--	--	---	--	--	---	--	--	--	--	--

