

## 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:

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