

Surplus Lines Filing Certificate

Please provide the information below for the individual responsible for the collection and remittance of the applicable Surplus Lines taxes and fees.

Named Insured:	
Policy Number:	
Agency Name:	
Agent Name:	
Agent License Number:	
Street Address:	
City, State and Zip:	

Thank you for your order and letting us be a part of your success!

365 S. Every Road | Mason, MI 48854 | tel: 517.676.7100

2640 Patriot Blvd | Suite 220 | Glenview, IL 60026 | tel 847.832.9100