

IMMEDIATE RESPONSE REQUIRED

District of Columbia Surplus Lines Tax Filing

THE FOLLOWING INFORMATION MUST BE RETURNED TO THIS OFFICE IMMEDIATELY SO THE PROPER SURPLUS LINES FILINGS CAN BE COMPLETED.

District of Columbia INSURANCE DEPARTMENT REQUIRES THE NAMES OF THREE (3) COMPANIES DECLINING TO WRITE THIS INSURANCE COVERAGE.

NAMED INSURED: _____

POLICY NO: _____

<u>Company Name Declining Coverage</u>	<u>Underwriter Name, Title, Location</u>	<u>Date Declined</u>
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

Please fax or mail this form immediately upon receipt.

_____ Signature of person completing form.

_____ Date form completed.