

IMMEDIATE RESPONSE REQUIRED

ILLINOIS SURPLUS LINES TAX FILING

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

THE **ILLINOIS** INSURANCE DEPARTMENT REQUIRES
THE NAMES OF THREE (3) COMPANIES DECLINING TO
WRITE THIS INSURANCE COVERAGE.

NAMED INSURED: _____

POLICY NO: _____

Company Name Declining Coverage	Underwriter Name, Title, Location	Date Declined
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

Please fax or mail form immediately upon receipt.

_____ Signature of person completing form.

_____ Date form completed.

(FAX

NAME: _____
COMPANY: _____
ADDRESS: _____
STATE, ZIP: _____
DATE: _____
NUMBER OF PAGES(incl. Cover): _____
* FAX TO: _____

PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.

* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

