

IMMEDIATE RESPONSE REQUIRED

IOWA SURPLUS LINES TAX FILING

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

THE IOWA 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:
