

IMMEDIATE RESPONSE REQUIRED

MARYLAND SURPLUS LINES TAX FILING

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

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

NAMED INSURED: _____

POLICY NO: _____

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

Please fax or mail this form immediately upon receipt.

_____ Signature of person completing form.

_____ Date form completed.

DISCLOSURE REGARDING SURPLUS LINES INSURANCE

Please Read the Following Carefully Before Purchasing Insurance From a Surplus Lines Insurer.

This policy is issued by a surplus lines insurer that has been approved by the Maryland Insurance Administration to issue insurance policies in the surplus lines insurance market.

Surplus lines insurers are not under the jurisdiction of the Maryland Insurance Administration and do not possess a certificate of authority to transact insurance business in the State of Maryland. Because surplus lines insurers are not under the jurisdiction of the Maryland Insurance Administration, your ability to seek assistance from the State if you have a problem with your insurance company is limited.

The Property and Casualty Insurance Guaranty Corporation provides a fund that permits claimants or policyholders to receive payment of covered claims if their insurance company becomes insolvent (i.e., bankrupt) and is unable to pay the claims. However, this fund does not apply to surplus lines insurers. If a surplus lines insurer becomes insolvent (i.e. bankrupt), any claim that you have against the surplus lines insurer will not be covered by the fund administered by the Property and Casualty Insurance Guaranty Corporation.

If you have any questions regarding this disclosure or surplus lines insurance, please contact the Maryland Insurance Administration at 410-468-2340.

Insured Printed Name: _____

Insured Signature: _____

Date: _____

