

IMMEDIATE RESPONSE REQUIRED

Nevada Surplus Lines Tax Filing

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

NEVADA 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 Declined</u>	<u>Reason for Declination</u>
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#1 _____

#2 _____

#3 _____

Please fax or mail this form immediately upon receipt.

Signature of person completing form.

Date form completed.