

IMMEDIATE RESPONSE REQUIRED

NORTH CAROLINA SURPLUS LINES TAX FILING

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

THE NORTH CAROLINA 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 email this form immediately upon receipt.

_____ Signature of person completing form.

_____ Date form completed.