

IMMEDIATE RESPONSE REQUIRED

SOUTH 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 S.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 mail form immediately upon receipt.

\_\_\_\_\_ Signature of person completing form.

\_\_\_\_\_ Date form completed.