

IMMEDIATE RESPONSE REQUIRED

TENNESSEE SURPLUS LINES TAX FILING

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

THE *TENNESSEE* INSURANCE DEPARTMENT REQUIRES
THE NAMES OF **Four** (4) COMPANIES DECLINING TO
WRITE THIS INSURANCE COVERAGE.

NAMED INSURED: _____

POLICY NO: _____

BROKER: _____

SURPLUS LINES LICENSE #: _____

Company Name Declining Coverage	Underwriter Name, Title, Location	Date Declined
#1 _____		
#2 _____		
#3 _____		
#4 _____		

Please fax or mail form immediately upon receipt.

_____ Signature of person completing form.

_____ Date form completed.