#### IMMEDIATE RESPONSE REQUIRED

#### TEXAS SURPLUS LINES TAX FILING

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

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

NAMED INSURED:		
POLICY NO:		
	Underwriter Name, Title, Location	Date Declined
#1		
#2		
#3		
Please fax or mail form i	mmediately upon receipt.	
	Signature	of person completing form
	Date form	n completed

# (FAX

NAME:	
COMPANY:	
ADDRESS:	
STATE, ZIP:	
DATE:	
DATE:	
NUMBER OF PAGES(incl. Cover):	
* FAX TO:	
PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS	NEAREST YOU.
* Click the link below for a list of our offices and current fax nu	ımbers.
http://www.gsr-insurance.com/gsr-fax.htr	
<u> 1111.//www.qsi-iiisurance.com/qsi-iax.nu</u>	<u>111</u>
ADDITIONAL COMMENTS:	
ADDITIONAL CONINIENTS:	