

IMMEDIATE RESPONSE REQUIRED

INDIANA SURPLUS LINES TAX FILING

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

THE *INDIANA* 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
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#1 _____

#2 _____

#3 _____

Please fax or mail form immediately upon receipt.

_____ Signature of person completing form.

_____ Date form completed.