

IMMEDIATE RESPONSE REQUIRED

ARIZONA SURPLUS LINES TAX FILING

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

THE **ARIZONA** 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.