

VIRGINIA SURPLUS LINES INFORMATION SHEET  
NEW OR RENEWAL POLICIES

POLICY NUMBER: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

DATE POLICY PROCURED: \_\_\_\_\_

POLICY EFFECTIVE/EXPIRATION DATE: \_\_\_\_\_

GROSS PREMIUMS: \_\_\_\_\_

PROCUREMENT TYPE: \_\_\_\_\_

(R, REFERRED, D, DIRECT, C)

REFERRING P&C AGENT: \_\_\_\_\_

REFERRING AGENTS LIC. #: \_\_\_\_\_

UNLICENSED COMPANY: \_\_\_\_\_

SL#: \_\_\_\_\_

CLASS OF INSURANCE CODE: \_\_\_\_\_

(XSG GEN LIA, ALH AIRCRAFT, APD AUTO PHY DAMAGE, CRI CRIME, FIR FIRE, OTH OTHER, GEN GL, ILM INLAND MARINE, MED MAL, PLI PRO LIA, XSA XS AUTO)

AMOUNT OF INSURANCE: \_\_\_\_\_

NAME OF ADMITTED INSURERS DECLINING COVERAGE	COMPANY REPRESENTATIVE** (Name, Title, Location)	DATE DECISION GIVEN

\*\*Individual Named Must Have The Authority To Accept The Risk