IMMEDIATE RESPONSE REQUIRED

WASHINGTON SURPLUS LINES TAX FILING

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

THE WASHINGTON 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 <u>Declined</u>
#1		
#3		
Please fax or mail this	form immediately upon receipt.	
	Signature c	of person completing form.
	Date form	completed



NAME:	Click here to replace text
COMPANY:	Click here to replace text
ADDRESS:	Click here to replace text
STATE, ZIP:	Click here to replace text
DATE:	Click here to replace text
NUMBER OF PAGES(incl. Cover):	Click here to replace text
* FAX TO:	Click here to replace text

PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.

* Click the link below for a list of our offices and current fax numbers.

http://www.gsr-insurance.com/gsr-fax.html

ADDITIONAL COMMENTS:

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