

SURPLUS LINES FILING INFO SHEET

DUE AT BINDING

EMAIL TO: hbisgeier@clementsinsurance.com

Name of Insured:		
Address:		
City, State, Zip:		
Policy Number		
#1 Carrier Information: Policy Number		
Name:		
Address		
City, State, Zip:		
Type of Transaction: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Cancellation <input type="checkbox"/> Endorsement <input type="checkbox"/> Audit		
Premium Amount:	\$	Date of Transaction:
Policy Fee:	\$	
Inspection Fee:	\$	
Broker Fee:	\$	
Surplus Lines Tax:	\$	
Stamping Fee:	\$	
TOTAL:	\$	
#2 Carrier Information: Policy Number		
Name:		
Address		
City, State, Zip:		
Type of Transaction: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Cancellation <input type="checkbox"/> Endorsement <input type="checkbox"/> Audit		
Premium Amount:	\$	Date of Transaction:
Policy Fee:	\$	
Inspection Fee:	\$	
Broker Fee:	\$	
Surplus Lines Tax:	\$	
Stamping Fee:	\$	
TOTAL:	\$	
Invoice #:		Date:
Completed by:		

REMINDER – ATTACH A COPY OF YOUR AZ RESIDENT OR NON-RESIDENT INSURANCE LICENSE

Remove if proof obtained online or if agent exempt from license requirement