

UTAH PREMIUM MEMORANDUM

(Submit one copy of endorsement)

Surplus Line Association of Utah
6711 South 1300 East
Salt Lake City, Utah 84121
(801) 944-0114

(Submit two copies of this form)

For additional premiums, return premiums, installment premiums, or cancellations

Check appropriate box:

Additional
Premium

Return
Premium

Installment
Premium

Cancellation
Premium

Policy Number: _____

Premium \$ _____

Name of Insured: _____

.0425 Premium Tax \$ _____

Name of "Recognized" Surplus Line Company

.0015 Stamping Fee \$ _____

Total \$ _____

(Must be on the "recognized" list.)

Effective date of this
premium adjustment _____

Surplus Line Producer

Agency Name

Remarks:
