

UTAH SURPLUS LINE SUBMISSION FORM

6711 South 1300 East
Salt Lake City, Utah 84121
(801) 944-0114 Tel
(801) 944-0116 Fax

The following statement of insurance, written or proposed to be written by non-admitted insurers is hereby offered for filing, pursuant to the provisions of the Utah Insurance Code and applicable rules of the Utah Insurance Department.

Policy Number _____

Name of Insured _____

Effective Date ____/____/____ **Expiration Date** ____/____/____ **Business is:** ___ **New** ___ **Renewal**

FILING SURPLUS LINE AGENCY

Agency Name _____

Mailing Address _____

PRODUCING AGENT

Name _____

Mailing Address _____

Name of Surplus Line Company (*must be on Recognized List*)

Justification for Surplus Lines placement falls into ONE of the following three categories. Check which applies to this submission and complete as instructed.

PLEASE COMPLETE ONE (1) OF THE FOLLOWING:

The policy provides insurance for a risk category included on the **Export List**

Code

Category

The policy provides coverages that cannot be written with admitted insurers.

(Attach completed "Evidence of Good Faith Effort to Place" form) *only one copy*

The insured is a commercial insured claiming exemption from the good faith effort to place with admitted insurers. _____ **(Attach an Affidavit signed by the Insured)**

NOTE: This form must be **SUBMITTED IN DUPLICATE**, with one copy of the policy/certificate, binder, cover note or other evidence of coverage.

Total Premium \$ _____ x .0425 = \$ _____ **Premium Tax**

Total Premium \$ _____ x .0015 = \$ _____ **Stamping Fee**

IF THIS SUBMISSION IS NOT RECEIVED WITHIN 60 DAYS OF THE EFFECTIVE DATE, A PENALTY WILL BE CHARGED.

Surplus Line Producer