

IMMEDIATE RESPONSE REQUIRED

MARYLAND SURPLUS LINES TAX FILING

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

THE MARYLAND INSURANCE DEPARTMENT REQUIRES THE NAMES OF THREE (3) COMPANIES DECLINING TO WRITE THIS INSURANCE COVERAGE.

NAMED INSURED:

POLICY NO:

<u>Company Name</u> <u>Declining Coverage</u>	<u>Underwriter</u> <u>Name, Title, Location</u>	<u>Date</u> <u>Declined</u>
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#1 _____

#2 _____

#3 _____

Please fax or mail this form immediately upon receipt.

_____ Signature of person completing form.

_____ Date form completed.