

VIRGINIA SURPLUS LINES INFORMATION SHEET
NEW OR RENEWAL POLICIES

POLICY NUMBER _____

NAME OF INSURED _____

DATE POLICY PROCURED _____

POLICY EFFECTVE/EXPIRATION DATE _____

GROSS PREMIUMS _____

PROCUREMENT TYPE _____
(R,REFERRED,D,DIRECT,C)

REFERRING P&C AGENT _____

REFERRING AGENTS LIC.# _____

UNLICENSED COMPANY _____

SL# _____

CLASS OF INSURANCE CODE _____
(XSG X GEN LIA, ALH AIRCRAFT, APD AUTO PHY DAMAGE, CRI CRIME, FIR FIRE, OTH
OTHER, GEN GL, ILM INLAND MARINE, MED MAL, PLI PRO LIA, XSA XS AUTO)

AMOUNT OF INSURANCE _____

NAME OF ADMITTED INSURERS DECLINING COVERAGE	COMPANY REPRESENTATIVE** (Name, Title, Location)	DATE DECISION GIVEN
_____	_____	_____
_____	_____	_____

**Individual Named Must Have The Authority To Accept The Risk

(FAX

NAME: _____
COMPANY: _____
ADDRESS: _____
STATE, ZIP: _____
DATE: _____
NUMBER OF PAGES (incl. Cover): _____
* FAX TO: _____

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.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

