

**IMMEDIATE RESPONSE REQUIRED**

**ALABAMA SURPLUS LINES TAX FILING**

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

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

NAMED INSURED: \_\_\_\_\_

POLICY NO: \_\_\_\_\_

Company Name Declining Coverage	Underwriter Name Title Location	Date Declined
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

Please fax or email this form immediately upon receipt.

\_\_\_\_\_ Signature of person completing form.

\_\_\_\_\_ Date form completed.