

IMMEDIATE RESPONSE REQUIRED

**HAWAII** SURPLUS LINES TAX FILING

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

THE **HAWAII** 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 mail form immediately upon receipt.

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

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