

IMMEDIATE RESPONSE REQUIRED

*ILLINOIS* SURPLUS LINES TAX FILING

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

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

NAMED INSURED:

POLICY NO:

| Company Name<br>Declining Coverage | Underwriter<br>Name, Title, Location | Date<br>Declined |
|------------------------------------|--------------------------------------|------------------|
|------------------------------------|--------------------------------------|------------------|

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Please fax or mail form immediately upon receipt.

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

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