

IMMEDIATE RESPONSE REQUIRED

Nevada Surplus Lines Tax Filing

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

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

NAMED INSURED: _____

POLICY NO: _____

<u>Company Name Declining Coverage</u>	<u>Underwriter Name, Title, Location</u>	<u>Date Declined</u>	<u>Reason for Declination</u>
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____

Please fax or mail this form immediately upon receipt.

Signature of person completing form.

Date form completed.