

VIRGINIA SURPLUS LINES INFORMATION SHEET
NEW OR RENEWAL POLICIES

POLICY NUMBER _____

NAME OF INSURED _____

DATE POLICY PROCURED _____

POLICY EFFECTIVE/EXPIRATION DATE _____

GROSS PREMIUMS **(PREMIUM PLUS TAX)** _____

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