

TO: COMMISSIONER OF DEPARTMENT OF FINANCIAL REGULATION

I certify that the following _____ pages represents a true account of all business done under Surplus Lines Broker's license # _____ issued under the provisions of Title * VSA, Section 5034 for the calendar quarter ending _____, and FURTHER that I shall file a sworn statement of such business with the COMMISSIONER OF TAXES and will pay said Commissioners 3% of the total Net Gross Premiums.

Lines Broker _____
Signature of Licensed Surplus

Dated _____
Typed Name

NAME & ADDRESS OF:

Insured _____

Insurance Company _____

Brokerage House or Agency _____

Individual dealt with in brokerage house _____

POLICY DATES: From _____ To _____

LINE OF INSURANCE # _____

GROSS PREMIUM CHARGES \$ _____

GROSS RETURN PREMIUM \$ _____

NET GROSS PREMIUM \$ _____

NAME & ADDRESS OF:

Insured _____

Insurance Company _____

Brokerage House or Agency _____

Individual dealt with in brokerage house _____

POLICY DATES: From _____ To _____

LINE OF INSURANCE # _____

GROSS PREMIUM CHARGES \$ _____

GROSS RETURN PREMIUM \$ _____

NET GROSS PREMIUM \$ _____