



**FLORIDA SURPLUS LINES SERVICE OFFICE
INDEPENDENTLY PROCURED COVERAGE**

PRE-SUBMISSION WORKSHEET

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This worksheet is for your records **ONLY**.
Please do not remit with payment.

SUBMISSION CONTACT INFORMATION	
NAME	
COMPANY	
ADDRESS1	
* ADDRESS2	
CITY	
STATE/PROVINCE	
ZIP/POSTAL CODE	
COUNTRY	
PHONE	
* FAX	
EMAIL	
INSURED INFORMATION	
INSURED NAME	
ADDRESS1	
* ADDRESS2	
CITY	
STATE/PROVINCE	
ZIP/POSTAL CODE	
COUNTRY	
PHONE	
FAX	
EMAIL	

* Optional field



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COVERAGE	
* COVERAGE GROUP	
* COVERAGE TYPE	
POLICY INFORMATION	
POLICY NUMBER	
TRANS. EFFECTIVE DATE	
POLICY EFFECTIVE DATE	
POLICY EXPIRATION DATE	
* COUNTY OF RISK	
TOTAL POLICY PREMIUM	
FL. ALLOCATED PREMIUM	
** INS. COVERAGE AMOUNT	
TYPE OF TRANSACTION	
INSURER	
NAME	
*** FEIN	
*** ADDRESS1	
*** ADDRESS2	
*** CITY	
*** STATE/PROVINCE	
*** ZIP/POSTAL CODE	
*** COUNTRY	

<http://www.fslso.com/ipc/list.asp>

* A list of allowed values for this field is available at the above URL.

** The Insurance Coverage amount is only required for some coverage types. View the list at the above URL.

*** The Insurance company's address and FEIN are only required if the company is not on the Eligible Surplus Lines Insurer list. View the list at the above URL.