

**QUARTERLY REPORT AFFIDAVIT AS
REQUIRED BY THE SURPLUS LINES LAW**

FOR THE CALENDAR QUARTER

_____, _____ through _____, _____

AGENT'S NAME _____ AGENT'S Lic# _____
BUSINESS ST. ADDRESS _____ ZIP _____
MAILING ADDRESS _____ ZIP _____
CITY _____ STATE _____ PHONE # _____
 THIS IS A NEW ADDRESS FAX # _____

AGENCY NAME _____

AGENCY LICENSE # _____ AGENCY FEIN _____

KNOWN ALL MEN BY THESE PRESENT THAT _____
Agent who being duly sworn, deposes and states that the contracts of insurance reported by me to the FLSO during the period identified above represent all such business transacted by me for this period and were issued pursuant to Chapter 626, Part VIII, Florida Statutes, 2000, and subject to the following conditions:

- (a) That the policies or contract forms are not more favorable to the insured than under similar contracts on file and in actual current use in this State by the majority of authorized insurers of similar coverage;
- (b) That the rates or premiums charged on the contracts are not more favorable to the insureds than under similar contracts in actual current use by a majority of authorized insurers;
- (c) That the resident general lines agents originating this business are licensed by the company(ies) they represent as to the kinds of insurance sought;
- (d) That I am the surplus lines agent that actually placed each policy listed hereon with eligible surplus lines insurers; and
- (e) That the full amount of insurance required was not procurable from authorized insurers after a diligent effort was made by the originating agent to place each of the policies reported in the admitted market.

CHECK HERE IF NO SURPLUS LINES BUSINESS WAS TRANSACTED DURING THIS CALENDAR QUARTER

Total premium reported for this quarter _____
Signature of Surplus Lines Agent

Sworn to and subscribed before me this _____ day of _____, A.D. _____

Notary's Signature My Commission Expires

**Mail To: FLORIDA SURPLUS LINES SERVICE OFFICE
1441 MACLAY COMMERCE DR.
SUITE 200
TALLAHASSEE, FL 32312**