



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 BUSINESS LOCATION, MAILING OR E-MAIL ADDRESS AGENT'S E-MAIL _____

AGENCY NAME _____

AGENCY LICENSE# _____ AGENCY FEIN _____

I, _____ attest that all surplus lines insurance transacted by me during this calendar quarter has been submitted to the Florida Surplus Lines Service Office as required and all transactions were issued pursuant to all of the requirements of Florida Statute 626.916, Eligibility for Export; including:

(a) The full amount of insurance required was not procurable, after a diligent effort was made by the producing agent to do so, from authorized insurers actually writing that kind and class of insurance; or a disclosure notification was signed by the insured pursuant to the requirements of section 626.916(3)(b)3, Florida Statutes;

(b) The premium rate at which the coverage was exported is not lower than that rate applicable, if any, in actual and current use by a majority of the authorized insurers for the same coverage on a similar risk;

(c) The policy or contract form under which the insurance was exported is not more favorable to the insured than similar contracts on file and in actual current use by the majority of authorized insurers writing similar risks.

Any licensed surplus lines agent who neglects to file a report or an affidavit in the form and within the time required or provided for in the Surplus Lines Law may be fined up to \$50 per day for each day the neglect continues, beginning the day after the report or affidavit was due until the date the report or affidavit is received.


Under penalties of perjury, I declare that I have read the foregoing Quarterly Filing Report and that the facts stated in it are true.

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 Drive, Suite 200
Tallahassee, FL 32312