



Authorization to Refund for Florida Surplus Lines Service Office



FLORIDA DIVISION OF EMERGENCY MANAGEMENT SURCHARGE

Remit to Agency Name:

FEIN:

Remit to Address:

Reason for Refund:

Request From:

Request Date:

Agent Name:

License #:

Surplus Lines Surcharge to be Refunded? \$

Signature:

Date:

***** FLORIDA SURPLUS LINES SERVICE OFFICE USE ONLY *****

Amount Paid:

\$

Date Paid:

I have verified the refund calculations as indicated above:

Approved By:

Date:

Authorized By:

Date: