

REFUND APPLICATION
Florida Surplus Lines Service Office



Remit to Agency Name: _____

Remit to Address: _____

Agent Name: _____

Agent License #: _____

Amount of Fee Refund requested: _____

Reason for Refund: _____

Request From: _____

Date of Request: _____

******* FSLSO USE ONLY *******

Date Refund Documentation Received: _____

Does AR balance meet or exceed refund amount requested? Yes No

Refund Verified by: _____ Date: _____

Approved by: _____ Date: _____