



Compliance Review

Preparation Checklist

COMPLIANCE REVIEW PREPARATION CHECKLIST

FSLSO will randomly pre-select policies that have been filed by the agent with the FSLSO. A statistically valid selection process predetermines the list of policies for the review process. The number of policies selected is based on the agent's total policy and transaction population, as filed with the FSLSO. Once you receive the list of policies selected for review, use the checklist below to ensure that each document and data element is provided for each policy transaction requested.

DOCUMENTATION

- _____ Policy Declaration Page(s)
- _____ Endorsements (if requested)
Note: For each endorsement requested, you must include the policy declaration page along with the endorsement. If a Backout transaction is requested, you may be asked to provide documentation for the entire policy term. Also, be prepared to provide an explanation for the submission of the Backout transaction.
- _____ Policy Face or Front Page (Required if your agency uses a separate page to display the surplus lines stamp information instead of displaying on the actual policy declaration page or endorsement.)
- _____ Invoices (Invoice to the insured or sub-agent, relating to the transaction selected for review.)
- _____ Inspection Report or Inspection Invoice (Required when an inspection is ordered by the agent/agency, not the insurance carrier.)
- _____ Membership Agreement (Required when a membership fee is charged on a requested policy.)
- _____ Documentation to support any fees charged in addition to the surplus lines agent policy fee.

The following policy data should appear on each policy declaration page, endorsement or face/front page, where applicable:

POLICY DATA

- | | | | |
|--------------------|--|---|---|
| • Policy Number | • Policy Fee Amount | • FSLSO Service Fee Amount | • Surplus Lines Agent Name, License Number, Address and Signature |
| • Named Insured | • Zip Code of Risk | • EMPA Surcharge (if applicable) | • Supplemental Residential Property Data |
| • Insurer(s) | • County of Risk | • Disclaimer Language | |
| • Type of Coverage | • Inspection Fee, Membership Fee, etc. | • Producing/Retail Agent Name & Address | |
| • Policy Period | • Premium Tax Amount | | |
| • Premium Amount | | | |

If you have additional questions, please contact Agent & Insurer Services at 800.562.4496, option 1.