

**REFUND APPLICATION**  
Florida Surplus Lines Service Office



Remit to Agency Name: \_\_\_\_\_

Remit to Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent Name: \_\_\_\_\_

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: \_\_\_\_\_