

DISCLOSURE TO SURPLUS LINE INSURED

FORM SL-3

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS BEEN INFORMED THAT THE INSURANCE RISK FOR WHICH HE/SHE DESIRES COVERAGE HAS BEEN PLACED PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT HE/SHE UNDERSTANDS THAT THE INSURANCE COMPANY'S RATES AND FORMS ARE NOT SUBJECT TO REVIEW BY THE ARKANSAS INSURANCE DEPARTMENT; THAT THE PROTECTION OF THE ARKANSAS PROPERTY AND CASUALTY GUARANTY ACT DOES NOT APPLY TO THE POLICY WRITTEN PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT A TAX OF 4% IS REQUIRED BY LAW TO BE COLLECTED ON ALL SURPLUS LINE INSURANCE PREMIUMS.

DATE

SIGNATURE OF INSURED

FIRM REPRESENTED, IF APPLICABLE

Address

Telephone Number

Email Address

(REV. 4/06)

Declining Carrier information

In order to comply with state surplus lines tax filing requirements please provide HPSI with 3 declining carriers and the reasons they declined. Also please provide HPSI with the name and license number of the agent licensed in the state.

Insured: _____

State Insured is located: _____

Insurers who declined to insure this risk. (please list company & underwriting contact)	Reason for Declination
1.	
2.	
3.	

Producing Agent Name: _____

Producing Agent License Number: _____

Signature of Producing Agent: _____

Date: _____