

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: _____