

Heena Patel  
Victor Insurance Managers Inc.  
500 Dallas Street Suite 1400  
Houston, TX 77002

Apr 21, 2025

City of Sweeny, Ref# [REDACTED]  
Proposed Effective 5/22/2025 to 5/22/2026

We are pleased to confirm the attached quotation being offered with Lloyd's Syndicate #1919. This carrier is Non-Admitted in the state of TX. Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

Premium:	\$55,017.00
Policy Fee	\$750.00
Broker Fee	\$275.00
Inspection Fee	\$1,000.00
Program Fee	\$1,100.00
Surplus Lines Tax	\$2,819.89
Stamping Office Fee	\$23.26
Grand Total:	\$60,985.15

**Option to Elect Terrorism Coverage**

TRIPRA Premium: APPLIES \$5,502.00  
Additional Taxes: \$269.04  
Total Including TRIA(if elected) \$66,756.19

Broker Fees & Policy Fees are Fully Earned at Binding

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

If Non Admitted the following applies:

Texas Tax Filings are the responsibility of: CRC  
Guaranty Fund Nonparticipation Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Surplus Lines Agent: CRC Insurance Services, License# [REDACTED]

Address: 1 Metroplex Drive, Suite 400, Birmingham, AL 35209

The Texas Department of Insurance (TDI) has adopted amendments to the Texas Administrative Code regarding required complaint notices included in insurance policies. These changes were effective on November 4, 2019, and must be implemented no later than May 1, 2020.

Sincerely,

Team Purdy  
13854939

## **Texas Complaints Notice**

### **Have a complaint or need help?**

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

### **AmRisc, LLC**

To get information or file a complaint with your insurance company or HMO:

**Call: Complaints Department at 252-247-8760**

**Toll-free: 877-284-4900**

Online: [www.AmRISC.com](http://www.AmRISC.com)

Email: [Complaints@AmRISC.com](mailto:Complaints@AmRISC.com)

Mail: AmRISC, LLC

Complaints Department

1700 City Plaza Drive, Suite 200

Spring, TX 77389

### **The Texas Department of Insurance**

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, PO Box 12030, Austin, TX 78711-2030

LMA9080E

1 August 2023

## **TEXAS SURPLUS LINES NOTICE**

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85% percent tax on gross premium.

LMA9079  
September 1, 2013

**Named Insured:** City of Sweeny  
**Account Number:** [REDACTED]  
**RN of Acct Number:** [REDACTED]  
**Quote Id :** 614777  
**Date/Time:** 4/21/2025 02:17 PM  
**Term:** 5/22/2025 - 5/22/2026  
**Valid Until:** 5/15/2025

---



## Quote

**To:** Justin Purdy  
CRC Group Houston TX  
[REDACTED]

**From:** Michelle Robinson  
Waypoint Wholesale, an AmRisc  
Company  
[REDACTED]

**Named Insured:** City of Sweeny

**Effective Date:** 5/22/2025

**Expiration Date:** 5/22/2026

**Mailing Address:** 102 W Ashley-Wilson Road  
Sweeny , TX 77480

**Valid until:** 5/15/2025

### **IF THIS ACCOUNT INCEPTS DURING HURRICANE SEASON, THIS QUOTE EXPIRES ON 5/15/2025**

This Quote is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this Quote carefully with your insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the insured any differences between the terms shown in this Quote and those terms requested in your original submission or shown in your Certificates of insurance or produced binder.

The Quote is based on the information submitted on the property App-SOV. In the event there is conflicting material information between that information shown on the property App-SOV and other submitted information (Acord forms/etc). the information shown on the property App-SOV shall take precedence.

**Named Insured:** City of Sweeny  
**Account Number:** [REDACTED]  
**RN of Acct Number:** [REDACTED]  
**Quote Id :** 614777  
**Date/Time:** 4/21/2025 02:17 PM  
**Term:** 5/22/2025 - 5/22/2026  
**Valid Until:** 5/15/2025



**Mailing Address:**

102 W Ashley-Wilson Road  
Sweeny, TX 77480

<b>Values(\$):</b>	Building	4,660,400
	Contents/BPP	0
	Other	0
	Rents	50,000

**Sum of TIV(\$):** **4,710,400**

<b>Valuation:</b>	Coinsurance:	N/A
	Limitation, TE:	1/12th monthly
	Valuation, PD:	RCV
	Valuation, TE:	ALS

**Perils Covered:** Wind & Hail Only

**Limits of Liability:** Limits of Liability: (as per schedule, NOT blanket)

**Total Limits of Liability:** \$4,710,400 (100.00 %) part of \$4,710,400 excess of "deductible"

**Deductibles:** (Deductibles are Per Occurrence unless stated otherwise)

AOP	NOT COVERED
NS Wind/Hail	3.00% minimum \$100,000
AO Wind/Hail	1.00% minimum \$100,000
Wind Driven Precip	3.00% minimum \$100,000

Named Insured: City of Sweeny  
Account Number: XXXXXXXXXX  
RN of Acct Number: XXXXXXXXXX  
Quote Id : 614777  
Date/Time: 4/21/2025 02:17 PM  
Term: 5/22/2025 - 5/22/2026  
Valid Until: 5/15/2025



**Premium(\$):**

Premium:	55,017.00
<b>Subtotal:</b>	<b>55,017.00</b>

**Taxes & Fees(\$):**

Producer is responsible for collection/payment of State taxes & related fees

Inspection Fee:	1,000.00
Program Fee:	1,100.00

---

<b>Total(\$):</b>	<b>57,117.00</b>
-------------------	------------------

---

**Additional options:**

Additional options listed below are not included in the above premium or tax summary, and additional charges may apply if purchased.

TRIPRA(\$):	5,502.00
-------------	----------

<b>Minimum Earned Premium:</b>	35%
<b>Term Rate (Reference Only):</b>	\$1.168

**Named Insured:** City of Sweeny  
**Account Number:** [REDACTED]  
**RN of Acct Number:** [REDACTED]  
**Quote Id :** 614777  
**Date/Time:** 4/21/2025 02:17 PM  
**Term:** 5/22/2025 - 5/22/2026  
**Valid Until:** 5/15/2025

---



## Terms and Conditions

### Specific Terms and Conditions

Percent deductibles are per occurrence, per Location.

Coverage explicitly excludes all Flood including but not limited to Flood during windstorm events.

Limits are as per Schedule by Building, NOT blanket.

All Buildings with outstanding damage are excluded. Contact underwriter if waiver needed.

Roof coverings to be ACV if originally installed or last fully replaced prior to 2013

Coverage excludes all loss or damage directly or indirectly caused by any Named Storm in existence at time of written request to bind or inception of any new or additional exposure.

Cosmetic Roof Damage Restriction AR CRD applies.

Compass Policy Section II. A. "Covered Causes of Loss" is deleted in its entirety and replaced with the following:

II. A. COVERED CAUSES OF LOSS: This Policy insures against all direct physical loss or damage to Covered Property for the perils of Windstorm and Hail Only, except as excluded.

Any additions to outdoor property require prior Underwriter approval.

### Standard Terms and Conditions

Any Additional or Return premium under \$500 shall be waived, except for new perils or coverages added.

This quote is subject to acceptance both sides with NO COVER GIVEN.

Severe cancellation penalties apply to CAT exposed property.

### Information due at binding OR within 30 days of inception:

Signed Property Application/SOV (AR APP), Signed Flood Notice, Signed Surplus Lines Statement (Required at binding)

Signed TRIA Disclosure Notice(s)

To comply with regulatory provisions, unless the above requested information is received within 30 days, automatic NOC must be sent contingent upon receipt of information.

**Named Insured:** City of Sweeny  
**Account Number:** [REDACTED]  
**RN of Acct Number:** [REDACTED]  
**Quote Id :** 614777  
**Date/Time:** 4/21/2025 02:17 PM  
**Term:** 5/22/2025 - 5/22/2026  
**Valid Until:** 5/15/2025



## Extensions and Sublimits

### Form Type (unless otherwise identified):

Compass

### Standard Endorsements

Exclusion of Certified Acts of Terrorism (AR TRIA EXCL)

Standard forms/endts, avail upon req.

### Extensions and Sublimits

### Program Sublimits

Earth Movement per occ & ann aggr for all Locations combined; subject to:	Not Covered
Earth Movement per occ & ann aggr: CA, AK & HI	Not Covered
Earth Movement per occ & ann aggr: OR & WA	Not Covered
Earth Movement per occ & ann aggr: New Madrid	Not Covered
Flood, per occ & ann aggr for all Locations combined; subject to:	Not Covered
Flood, per occ & ann aggr: Zones A & V	Not Covered
Accounts Receivable	\$100,000
Civil or Military Authority, the lesser of	30 days max \$100,000
Contingent Time Element; the lesser of	60 days max \$100,000
Contractors Equipment; unscheduled: owned, leased, rented or borrowed	\$50,000
Any One Item	\$10,000
Course of Construction	\$100,000
Course of Construction Soft Costs	\$10,000
Debris Removal; the lesser of	25% / \$5,000,000
Electronic Data and Media	\$50,000
Errors or Omissions	\$25,000
Extended Period of Indemnity	90 days
Extra Expense	As Per Schedule
Expediting Expense	As Per Schedule
Fine Arts	\$50,000
Fire Brigade Charges	\$25,000
Fungus, Molds, Mildew, Spores, Yeast (per occ/ann aggr)	\$15,000
Ingress/Egress	30 days max \$50,000
Leasehold Interest	\$25,000
Limited Pollution Coverage (Annual Aggregate)	\$25,000
Lock Replacement	\$25,000
Miscellaneous Unnamed Locations	\$25,000
Newly Acquired Property	60 days max \$1,000,000
Ordinance or Law:	
Coverage A:	Incl in Bldg Limit
Coverage B:	10% per bldg, max \$1.0M per occ
Coverage C:	Included with Coverage B



Coverage D:	Incl in the TE, if cov'd
Coverage E	Included in the Building Limit
Ordinary Payroll	30 days
Plants, lawns, trees or shrubs	\$10,000
Any one plant, lawn, tree or shrub	\$1,000
Professional Fees (Annual Aggregate)	\$10,000
Reclaiming, restoring or repairing land improvements	\$10,000
Reward Reimbursement	\$10,000
Royalties	\$10,000
Service Interruption (72 hr qualifying period)	\$50,000
Solar Power Systems	\$10,000
Spoilage	\$10,000
Time Element Monthly Limitation	1/12th monthly
Transit	\$25,000
Underground pipes,flues & drains	\$25,000
Valuable Papers and Records	\$100,000
Sinkhole Loss Extension	As Per Schedule
Wind Driven Precipitation Per Occ and Ann Agg	\$100,000

**Named Insured:** City of Sweeny  
**Account Number:** [REDACTED]  
**RN of Acct Number:** [REDACTED]  
**Quote Id :** 614777  
**Date/Time:** 4/21/2025 02:17 PM  
**Term:** 5/22/2025 - 5/22/2026  
**Valid Until:** 5/15/2025

---



## Carrier Participation

<u>Carrier (May change at binding)</u>	<u>AM Best / S&amp;P</u>
Certain Underwriters at Lloyds (Lloyds)	A XV / A+
Indian Harbor Insurance Company (IndianH)	A+ XV / A+
Old Republic Union Insurance Company (ORU)	A+ XV / A+
GeoVera Specialty Insurance Company (GVS)	A VIII/na
MS Transverse Specialty Insurance Company (TSIC)	A VIII/na
Spinnaker Specialty Insurance Company (SPI)	A- VIII
Everest Indemnity Insurance Company (EIIC)	A+ XV
Obsidian Specialty Insurance Company (RSC)	A- VII
Emerald Bay Specialty Insurance Company (EBS)	A-VII

Company Ratings stated above reflect our best efforts for updating the information, but may be out of date at the time of this quote or binder. Financial Review is the responsibility of the Insured.

Unless notified otherwise, completion of this form replaces the application, statement of values, hard copy loss runs and formally executed loss letters. This form contains the information submitted to date. The form must be completed, signed and returned for underwriter's review and acceptance within 30 days of inception. Any inaccurate information identified on the returned form is automatically deemed noted and agreed by underwriters upon receipt, so please return as soon as possible.

**Named Insured:** City of Sweeny **Account ID:** [REDACTED]  
**Mailing Address:** 102 W Ashley-Wilson Road, Sweeny, TX 77480

Loc/Bldg No.	Address	City	State	Zip	Building Area (Sq. ft)	% Automatic Sprinklers	Original Year Built	ISO Const. (1 to 6)	No. Of Buildings
	As per schedule on file with Waypoint Wholesale, an AmRisc Company								
<b>Totals:</b>					48,795	0%			10

If you have any questions regarding the type of construction or other information, discuss with your agent prior to signing this application.

Valuation:	RCV	RCV	RCV	ALS	
Coins:	N/A	N/A	N/A	1/12th monthly	
Loc/Bldg No.	Building	Contents/BPP	Other	Rents	Loc TIV
	As per schedule on file with Waypoint Wholesale, an AmRisc Company				
Totals:	\$4,660,400	\$0	\$0	\$50,000	\$4,710,400

These values often form the basis of the policy's limit of liability. Please review carefully.

List ALL losses caused by requested perils for the prior 17 years that did or may exceed the specified threshold. Please add any losses if not listed. Incomplete loss history is considered material and may void coverage.

**Threshold:** **\$5,000**

DOL	Description / COL	Incurred	Status (O/C)	DOL	Description / COL	Incurred	Status (O/C)
07/08/2024	Hurricane Beryl	\$72,020	C				
09/14/2021	Hurricane Nicholas	\$11,279	C				
04/02/2017	Clain on buydown	\$50,323	C				

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years (not applicable in MO.)	No	Has any applicant been convicted of arson in the past 10 years?	No
Is the applicant a S-Chapter Corporation, partnership or any other type of sole proprietor organization?	No	Any bankruptcies or tax credit liens against applicant in prior 5 years?	No
Does the applicant have any reason that they would not be aware of all losses for the prior 5 years?	No	Has net income been negative for 2 of the past 3 years? If so, please attach financials or tax returns for 3 years.	No
If habitational, is there any aluminum distribution wiring?	No		

**Explain any Yes answers. If necessary, add additional pages, which are hereby made part of the application.**

---

List any Discrepancies. Discrepancies received by underwriters prior to a loss shall be deemed noted and agreed by underwriters. However, additional premium may be charged as of the date the information is received by underwriters.

---

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. The Insured further acknowledges the fraud statement above and understands the Policy will contain a Fraud Notice by state. Severe cancellation penalties apply to CAT exposed property - Form is available upon request. Carriers' participation may change prior to binding or throughout the coverage period.

In accordance with insurance rules and regulations, this notice is to inform you that AmRisc, LLC for services rendered may receive compensation in the form of commission paid as a percentage of premiums and fees. Fees are assessed in compliance with applicable state law and are due when coverage is bound. I, the undersigned, have reviewed the terms, conditions, premiums, fees and amount to be charged and find them to be acceptable. By signing below, and in exchange for the coverages to be provided pursuant to the terms and conditions of the applicable insurance policy, I agree to pay the premiums, fees, and other amounts to be charged.

**To the best knowledge of the applicant and the producer, the above information is true and complete.**

Applicant Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Producer Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE****INSURED:** City of Sweeny**Account ID:** [REDACTED]**LIMITS:** As per the attached Authorization or Indication

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID

BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$5,502
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

---

 Policyholder/Applicant's Signature

---

 Print Name

---

 Date

 LMA9184  
 09 January 2020

**This notice applies to the following carriers and their respective participation quoted herein:**

Certain Underwriters at Lloyds  
 Indian Harbor Insurance Company  
 Old Republic Union Insurance Company  
 GeoVera Specialty Insurance Company  
 MS Transverse Specialty Insurance Company  
 Spinnaker Specialty Insurance Company  
 Everest Indemnity Insurance Company  
 Obsidian Specialty Insurance Company  
 Emerald Bay Specialty Insurance Company

**Flood Notice**

**If the policy issued by Waypoint Wholesale, an AmRisc Company excludes Flood, the following shall apply:**

**Flood Exclusion Acknowledgement**

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does NOT provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flood, including Flood and/or storm surge from windstorm events, obtain Flood coverage.

I also understand that execution of this form does NOT relieve me of any obligation that I may have to my mortgagees or lenders to purchase Flood insurance.

**If the policy issued by Waypoint Wholesale, an AmRisc Company includes Flood, the following shall apply:**

**Flood Coverage**

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events, will be subject to the Flood sublimit stated elsewhere in the policy

I understand that if I do not sign this form that my application for coverage may be denied or that my policy issued by Waypoint Wholesale, an AmRisc Company may be cancelled or non-renewed. I have read and I understand the information above.

**Named Insured: City of Sweeny**

**Account No.:** 

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# Surplus Lines Statement



4/21/2025  
Justin Purdy  
CRC Group

Policy #:

Company:

RE: City of Sweeny

Certain Underwriters at Lloyds

Account ID:

Indian Harbor Insurance Company

Old Republic Union Insurance Company

GeoVera Specialty Insurance Company

MS Transverse Specialty Insurance Company

Spinnaker Specialty Insurance Company

Everest Indemnity Insurance Company

Obsidian Specialty Insurance Company

Emerald Bay Specialty Insurance Company

This policy is being written on a surplus lines basis in a state where the above listed companies are not licensed.

It is your responsibility to arrange for applicable tax filings as well as the payment of the state taxes and/or stamping fee on the policy.

Please acknowledge that you understand this requirement of the Insurance Department for placing surplus lines business out of state by completing the statement below.

Michelle Robinson

The producer signing below is hereby responsible for applicable surplus lines filings and the payment of state taxes and fees on this policy.

The producer hereby represents that all Due Diligence statements required by law have been satisfactorily completed and obtained and will be kept on file by the filing broker. Such Due Diligence statements shall be transmitted to AmRisc, LLC or their assigns upon request.

The producer hereby represents that all Surplus Lines taxes and fees shall be stamped or otherwise identified in a prominent manner on the evidence of coverage in accordance with applicable laws and regulations.

Producer Signature

Arrangements have been made for such filing (premium by state breakdown attached) and payment with:

Please check if Home State Filing: ☐ Identify State: \_\_\_\_\_ Please fill in License Information below:

State	Home State	State 1 TX	State 2	State 3	State 4
SL Broker Information:					
Name					
Company					
License Number					
Street Address					
City					
State					
ZipCode					
Email Address					
Phone Number					

**NOTE: A copy of this executed form must be received in our office as a condition of binding**

**If account has more than 4 states filling Surplus Lines taxes on an individual state basis, please provide per state Surplus Lines Information.**