

ENVIRONMENTAL DIVISION
401 Plymouth Road, Suite 100
Plymouth Meeting, PA 19462
(888) 828-4320
(513) 564-3461 FAX



SURPLUS LINES FILING CONFIRMATION

First Named Insured: _____

Policy Number: _____

Please return a copy of this letter to Great American Insurance Environmental Division within 30 days of binding coverage.

The above-referenced policy is written on a Surplus Lines basis in the State of _____. It is the responsibility of the licensed resident surplus lines broker listed below to arrange for the payment of the State tax and/or stamping fee for the above-referenced policy.

Licensed Resident or Non-resident Surplus Lines Broker:

Name: _____

Address: _____

Surplus Lines License No.: _____

Tax and / or Fee Paid: _____

State: _____

The undersigned acknowledges arrangement for filing and payment of the surplus lines tax and/or stamping fee in accordance with State regulation:

Licensed Resident or Non-resident Surplus Lines Broker (Signature)

Licensed Resident or Non-resident Surplus Lines Broker (Print)

Date