



Main Office
397 Eagleview Blvd.
Suite 100
Exton, PA 19341

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 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:

Broker's Signature _____