



**PLEASE RETURN A COPY OF THIS REQUIRED INFORMATION
ALONG WITH YOUR BIND REQUEST**

Insured's Name, Including DBA, if applicable:

The AmTrust International Underwriters, Ltd. Is not an admitted carrier in the state to be shown on this requested insured's policy. To confirm that these taxes are being handled properly, please provide the name and license number of the surplus lines agent who will be filing the applicable taxes in the space below.

NAME OF SURPLUS LINES AGENT _____

Address of Surplus Lines Agent: _____

City: _____ ST: _____ Zip: _____

SURPLUS LINES LICENSE NUMBER: _____

NAME OF PERSON COMPLETING THIS FORM: _____

DATE OF RESPONSE: _____