

Date: \_\_\_\_\_

**SURPLUS LINES TAX RELEASE**

TO:           Retail Agent          

FROM:           CIU          

RE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

According to our records, it is our understanding that your office will be handling the affidavit and paying the non-admitted tax on the above risk and all endorsements or changes. Please complete and return this form to us within the next 15 days.

Insured \_\_\_\_\_

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Dates \_\_\_\_\_ - \_\_\_\_\_

This is to acknowledge that the affidavit has been filed and the non-admitted tax will be paid.

Name and Address of Person or  
Agency Filing Affidavit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Excess & Surplus Lines

License Number \_\_\_\_\_

License Expires \_\_\_\_\_

Date: \_\_\_\_\_

Sincerely,

COMMERCIAL INSURANCE UNDERWRITERS, INC.