## **MISSISSIPPI**

## AFFIDAVIT FOR SURPLUS LINES AUTHORITY

(In compliance of Section 83-2 1-23, Mississippi Code Annotated)

INSURED'S NAME:					
ADDRESS:		CITY:		MS ZIP:	
NONADMITTED INSURANCE CO	OMPANY NAM	ſE:			
		TYPE OF COVERAGE:			
		EXPIRATION DATE:			
PREMIUM	\$				
DOLLOW PPE	\$				
SUBTOTAL	<b>\$</b>				
SURPLUS LINES TAX (4%)	\$				
STAMPING FEE (.25%)	\$				
MWUA FEE (5%)	\$				
TOTAL	\$				
LIST LICENSED (	COMPANIES Y	OU ATTEMPTED TO PL	ACE COVERAC	GE WITH:	
1)		2)			
insurers is only the excess over the compliance of all state laws. This a Surplus Lines Association with the result of the surplus Lines Association with the surplus Line	affidavit is effect report required in ping statements in ment of this insura	tive for the term of the pon section 83-2 1-25 Mississ: made in this affidavit accurance in an eligible nonadm	olicy and shall be ippi Code Annot rately and truthfu itted insurance co	e filed with the Mississippe ated.  ally describe the conditions ompany a necessity.	
AGENT NAME:		AGENT LICENSE	AGENT LICENSE NUMBER:		
ADDRESS:					
Signature of Agent					
Subscribed and sworn to before me	this date:				
Notary Public:					
MSLA (6/11)					