



MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

DAVID BROWNING
Deputy Commissioner of
Insurance

MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

MAILING ADDRESS
Post Office Box 79
Jackson, MS 39205-0079
TELEPHONE: (601) 359-3569

INSTRUCTIONS FOR APPLICATION VERIFYING ELIGIBILITY AS SURPLUS LINES INSURER IN THE STATE OF MISSISSIPPI

1. The Mississippi Insurance Department accepts only electronic submission of the application. Submit applications to compliance@mid.ms.gov to assure receipt and prompt processing by this Department. After submission of the application electronically, the payment of the annual \$500.00 fee must be submitted to P.O. Box 79 Jackson, MS 39205. All payments must be made payable to the Mississippi Insurance Department.
2. Submit with the application the most recent annual financial statement as filed with the domiciliary state. If the most recent financial statement has been filed with the National Association of Insurance Commissioners, the applicant may incorporate that filing by reference.
3. Submit with the application quarterly financial statements for all quarters subsequent to the most recent annual statement. If the most recent financial statement has been filed with the National Association of Insurance Commissioners, the applicant may incorporate that filing by reference.
4. Submit with the application a certificate of compliance/authority issued by the domiciliary state which clearly indicates the line or lines of insurance which the applicant is authorized to write in that state. The certification must be dated within six (6) months of submittal of the application.
5. Submit with the application a plan of operation which briefly describes the types of business and products which the company intends to write in Mississippi on a surplus lines basis.
6. Complete and submit the attached attestation.
7. Complete and submit the Lines of Coverage Form.
8. Complete and submit the Contact Form for future Renewals and Fee(s).



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ATTESTATION

COMPANY NAME _____

NAIC NO. _____

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
who, after being duly sworn, did depose and say they have personal knowledge of the information submitted with this application and that all information contained in this application and all attachments thereto are complete, true and correct.

They do further attest that the following statement is true and correct:

- 1. The applicant currently possesses a minimum capital and surplus of at least \$15,000,000.00 pursuant to Miss. Code Ann. § 83-21-17.**
- 2. The applicant is currently licensed in its domiciliary state to write the line or lines of insurance which the applicant will be writing in Mississippi with no restrictions or limitations on the Certificate of Authority of the company in its domiciliary state pursuant to Miss. Code Ann. § 83-21-19.**

Printed Name and Title of Applicant Representative

Signature of Applicant Representative

SWORN TO and subscribed before me this _____ **day of** _____, **20** _____.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires

APPLICATION VERIFYING ELIGIBILITY AS SURPLUS LINES INSURER

**Lines of Coverages
Surplus Lines Foreign**

Note: The Company must be licensed in its state of domicile for all lines of coverages being requested in Mississippi.

Place a “ ✓ ” by each Line of Business Company is requesting.

- | | |
|---|---|
| <input type="checkbox"/> Accident & Health | <input type="checkbox"/> Home Owners |
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Inland Marine |
| <input type="checkbox"/> Auto Fire & Physical Damage | <input type="checkbox"/> Liability |
| <input type="checkbox"/> Auto Physical Damage | <input type="checkbox"/> Liability-K&R |
| <input type="checkbox"/> Auto Physical Damage/Liability | <input type="checkbox"/> Malpractice |
| <input type="checkbox"/> Bars | <input type="checkbox"/> Marine |
| <input type="checkbox"/> Boiler and Machinery | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Burglary & Theft | <input type="checkbox"/> Misc. Casualty |
| <input type="checkbox"/> Casualty | <input type="checkbox"/> Misc. Distress |
| <input type="checkbox"/> Commercial Auto | <input type="checkbox"/> Ocean Marine |
| <input type="checkbox"/> Commercial Multi Peril | <input type="checkbox"/> Other Liability |
| <input type="checkbox"/> Commercial Packages | <input type="checkbox"/> Other Professional Liability |
| <input type="checkbox"/> Commercial Property | <input type="checkbox"/> Plate Glass |
| <input type="checkbox"/> Commercial Umbrella | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Prof Liab-Real Estate & Educator |
| <input type="checkbox"/> Directors & Officers | <input type="checkbox"/> Property |
| <input type="checkbox"/> Entertainments | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Errors & Omissions | <input type="checkbox"/> Riot |
| <input type="checkbox"/> Explosion | <input type="checkbox"/> Saw Mills |
| <input type="checkbox"/> Fidelity | <input type="checkbox"/> Surety |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Umbrella |
| <input type="checkbox"/> Fire & Casualty | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Fire/Allied Lines | <input type="checkbox"/> War |
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> GL-Architect & Engineers | |
| <input type="checkbox"/> GL-Entertainments | |

Surplus Lines Contact Information Form

Date:

Surplus Company Name:

NAIC #:

Contact Person:

E-mail:

Phone Number:

**Surplus Company License/
Fees Contact:**

**Surplus Company License/
Fees email address:**

Phone Number:

This form is a required filing document and it should be submitted with the Surplus Application.