



MISSOURI DEPARTMENT OF INSURANCE
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
SURPLUS LINES FILING REPORT - APPENDIX I

P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102

THIS FORM DUE WITHIN 30 DAYS OF THE EFFECTIVE DATE OF COVERAGE (SUBMIT IN DUPLICATE)		RISK NUMBER
SURPLUS LINES INSURER AND % OF PARTICIPATION %	SURPLUS LINES LICENSEE	
SURPLUS LINES INSURER AND % OF PARTICIPATION %	PRODUCING BROKER	
1. NAME OF INSURED		
ADDRESS OF INSURED		
2. COMPLETE DESCRIPTION OF RISK AND ITS LOCATION		
3. COMPLETE DESCRIPTION OF COVERAGE (NO ABBREVIATIONS)		
4. SPECIFIC REASON FOR SURPLUS LINES PLACEMENT		
5. IF MULTI-STATE RISK, ALLOCATION BASIS MUST BE ATTACHED		
6. POLICY NUMBER	EFFECTIVE DATE	
DATE TERMINATES	PREMIUM AMOUNT	
7. IF NOT A DIRECT PLACEMENT WITH SURPLUS LINES INSURER(S), NAME AND ADDRESS OF AMERICAN BROKERAGE FIRM OR LLOYD'S CORRESPONDENT:		
NAME		
ADDRESS		
AMENDED FILINGS ONLY		
THIS PORTION TO BE USED FOR AMENDED FILINGS ONLY (FILL IN ABOVE: RISK #, SURPLUS LINES LICENSEE'S NAME, NAME AND ADDRESS OF INSURED, AND POLICY #)		
THE FOLLOWING INFORMATION IS HEREBY MADE A PART OF THE ABOVE NUMBERED ORIGINAL FILING		
ADDITIONAL PREMIUM	DATE EFFECTIVE	
RETURN PREMIUM	DATE EFFECTIVE	
ADDITIONAL INFORMATION NOT SUBMITTED ON ORIGINAL FILING		
CERTIFICATION		
<p>I DO HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE IS A TRUE AND ACCURATE RECORD OF SURPLUS LINES INSURANCE PROCURED PURSUANT TO CHAPTER 384, RSMo.</p>		
		SURPLUS LINES LICENSEE'S SIGNATURE
		▶
DIRECTOR	FILED	