



**FLORIDA SURPLUS LINES SERVICE OFFICE
INDEPENDENTLY PROCURED COVERAGE**

PRE-SUBMISSION WORKSHEET
Page 1

This worksheet is for your records **ONLY**.
Please do not remit with payment.

SUBMISSION CONTACT INFORMATION	
NAME	
COMPANY	
ADDRESS1	
* ADDRESS2	
CITY	
STATE/PROVINCE	
ZIP/POSTAL CODE	
COUNTRY	
PHONE	
* FAX	
EMAIL	
INSURED INFORMATION	
INSURED NAME	
ADDRESS1	
* ADDRESS2	
CITY	
STATE/PROVINCE	
ZIP/POSTAL CODE	
COUNTRY	
PHONE	
FAX	
EMAIL	

* Optional field



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COVERAGE	
* COVERAGE GROUP	
* COVERAGE TYPE	
POLICY INFORMATION	
POLICY NUMBER	
TRANS. EFFECTIVE DATE	
POLICY EFFECTIVE DATE	
POLICY EXPIRATION DATE	
* COUNTY OF RISK	
TOTAL POLICY PREMIUM	
FL. ALLOCATED PREMIUM	
** INS. COVERAGE AMOUNT	
TYPE OF TRANSACTION	
INSURER	
NAME	
*** FEIN	
*** ADDRESS1	
*** ADDRESS2	
*** CITY	
*** STATE/PROVINCE	
*** ZIP/POSTAL CODE	
*** COUNTRY	

<http://www.fsiso.com/ipc/list.asp>

* A list of allowed values for this field is available at the above URL.

** The Insurance Coverage amount is only required for some coverage types. View the list at the above URL.

*** The Insurance company's address and FEIN are only required if the company is not on the Eligible Surplus Lines Insurer list. View the list at the above URL.

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authorized insurers

currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Authorized Insurer _____

Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent _____

Printed or Typed Name of Producing Agent _____

Document Verified by Surplus Lines Agent: Yes No Date Verified: _____