



**Please note that Braishfield is obligated to know the Surplus Lines Licensee in the State of Risk will fulfill the affidavit requirements and remit the proper Surplus Lines Tax, Stamping Fee, if any, and all applicable surcharges to that State.**

### Statement of Producer

We have made arrangements for the affidavit requirements and the payments of Surplus Lines Tax, Stamping Fee, if any, and all applicable surcharges for the policy to be accomplished.

Named Insured: \_\_\_\_\_ Location State: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

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

Name of Licensed Surplus Lines Agent/Broker filing taxes:

\_\_\_\_\_  
(if this is not the agent/broker making submission to Braishfield, a copy of the Surplus Lines License must be attached)

Firm's Name: \_\_\_\_\_

Firm's Address: \_\_\_\_\_

(should be the location shown on the license)

Surplus Lines Agent's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

(must be same as Location State)

Licensed held by: Individual                      Agency

Agent Signature: \_\_\_\_\_