IMMEDIATE RESPONSE REQUIRED

Wyoming SURPLUS LINES TAX FILING

THE FOLLOWING INFORMATION MUST BE RETURNED TO THIS OFFICE IMMEDIATELY SO THE PROPER SURPLUS LINES FILINGS CAN BE COMPLETED.

THE | Wyoming INSURANCE DEPARTMENT REQUIRES THE NAMES OF THREE (3) COMPANIES DECLINING TO WRITE THIS INSURANCE COVERAGE.

NAMED INSURED: _____

POLICY NO: _____

Company Name Declining Coverage	Underwriter Name, Title, Location	Date Declined	Reason Declined
#1			
#2			
#3			

Please fax or mail this form immediately upon receipt.

_____Signature of person completing form.

_____Date form completed.