

**IMMEDIATE RESPONSE REQUIRED**

**MARYLAND SURPLUS LINES TAX FILING**

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

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

NAMED INSURED: \_\_\_\_\_

POLICY NO: \_\_\_\_\_

| <u>Company Name</u><br><u>Declining Coverage</u> | <u>Underwriter</u><br><u>Name, Title, Location</u> | <u>Date</u><br><u>Declined</u> |
|--|--|--------------------------------|
| #1 _____   | _____  | _____                          |
| #2 _____   | _____  | _____                          |
| #3 _____   | _____  | _____                          |

Please fax or mail this form immediately upon receipt.

\_\_\_\_\_ Signature of person completing form.

\_\_\_\_\_ Date form completed.

# ( FAX

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
STATE, ZIP: \_\_\_\_\_  
DATE: \_\_\_\_\_  
NUMBER OF PAGES(incl. Cover): \_\_\_\_\_  
\* FAX TO: \_\_\_\_\_

**PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.**

\* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

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