



Insurance Department

Financial Regulation & Licensing Division

Alien Unauthorized (Surplus Lines) Insurer Application

Company information

Company name:

Date organized:

State or country of domicile:

FEIN #:

NAIC Alien (AA) #:

Date company was placed on the NAIC International Insurers Department roster:

Company contact/address information

*At minimum, include **contact name, address** (statutory home office must have physical, not a PO box), **email, and phone.***

Statutory home office address

Contact name:

Title:

Street:

City:

State:

Country:

Zip:

Phone:

Toll-free:

Fax:

Email:

Mailing address

Contact name:

Title:

Street:

PO box:

City:

State:

Country:

Zip:

Phone:

Toll-free:

Fax:

Email:

Business location (administrative office) address



Contact name: Title:
Street:
PO box:
City:
State: Country: Zip:
Phone: Toll-free: Fax:
Email:

Company renewal address

Contact name: Title:
Street:
PO box:
City:
State: Country: Zip:
Phone: Toll-free: Fax:
Email:

Complaints/compliance address

Contact name: Title:
Street:
PO box:
City:
State: Country: Zip:
Phone: Toll-free: Fax:
Email:

US representative address

Contact name: Title:
Street:
PO box:
City:



State: Country: Zip:
Phone: Toll-free: Fax:
Email:

Service of process:

Submit Form 12 — <https://content.naic.org/sites/default/files/industry-ucaa-form-12-uniform-consent-service-process.pdf> — with application.

Affirmation

The applicant is responsible to assure all information including checklist is provided and remains current while the application is under review.

Signed at this day of , .

By

Signature

Printed name

Title

Return this completed form to company-renewals@utah.gov.