



Insurance Department

Financial Regulation & Licensing Division

Foreign Surplus Lines Application Checklist

The following items must be provided in the order listed:

1. Submit the completed the Foreign Surplus Lines Insurer Application Checklist.
2. Payment of \$1,075 fee (\$1,000 application and \$75 e-commerce) to the Utah Insurance Department.
3. Submit a letter addressed to the Commissioner requesting to be on the list.
4. Complete the Utah Insurance Department Unauthorized (Surplus Lines) Insurer Application.
5. Submit documentation establishing satisfactory evidence of good reputation and financial integrity. The following are required:
 - a. Most recent financial examination by the company's state of domicile.
 - b. NAIC UCAA Biographical Affidavits of the company's directors and key officers, available at <https://content.naic.org/sites/default/files/ucaa-industry-naic-biographical-affidavit.pdf>.
 - c. Certification that no states have taken regulatory action against the company. If regulatory action has been taken, a letter of explanation must be provided.
6. A certified copy of the company's current annual statement that was filed with the insurance regulatory authority in the state of domicile.
7. Evidence of compliance with the Risk-Based Capital Requirements of the National Association of Insurance Commissioners or capital and surplus of at least \$15 million, whichever is greater.
8. A Certificate of Compliance from state of domicile.



Unauthorized (Surplus Lines) Insurer Application

Company information

Company name:

Date organized:

State or country of domicile:

NAIC # (if applicable):

Group #:

FEIN #:

Type of company:

Stock

Mutual

Reciprocal

Other:

Fees:

Application fee - \$1,000

E-Commerce Fee - \$75

Is the Company a subsidiary? Yes No

If yes, name of parent company:

List states and countries in which the company is an admitted, licensed insurer:

List states in which the company is a recognized surplus lines insurer:

List authorized reinsurer(s):

Indicate the lines of insurance the company is authorized to write in its state or country of domicile:

- Disability Property Surety Liability Vehicle Liability
- Marine & Trans Workers Comp Bail Bonds Mortgage Guaranty
- Professional Liability (excluding Medical Malpractice)
- Professional Liability (including Medical Malpractice)



City:

State:

Country:

Zip:

Phone:

Toll-free:

Fax:

Email:

Billing renewal 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 agent search (for producer appointment action notices) 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:

Fraud assessment address

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

Licensing (for agency offices) 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

Application submission

Submit the application via email to: company-renewals@utah.gov.

Upon receipt of the application, the Department will create and send you an invoice for payment of the application and e-commerce fee.

Please send any questions to company-renewals@utah.gov.