

## FOREIGN SURPLUS LINES APPLICATION CHECKLIST

The following items need to be provided, please keep in same order as listed.

1. Submit the completed the Surplus Lines Insurer Application Checklist
2. Payment of \$1,075 fee (\$1,000 Application and \$75 E-Commerce) to the Utah Department of Insurance.
3. Submit a letter addressed to the Commissioner requesting to be on the list.
4. Complete the Utah Department of Insurance Unauthorized (surplus lines) Insurer Application Information Form.
5. Submission of 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.
  - 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 \$15,000,000, whichever is greater.
8. A Certificate of Compliance from domestic state.

THE APPLICANT IS RESPONSIBLE TO ASSURE ALL INFORMATION INCLUDING CHECKLIST IS PROVIDED AND REMAINS CURRENT WHILE THE APPLICATION IS UNDER REVIEW.

Applications should be submitted to:

The State of Utah Insurance Department  
3110 State Office Building  
Salt Lake City, Utah 84114  
Attn: Dava Ann Neal  
Phone: 801-538-3812  
Email: [dneal@utah.gov](mailto:dneal@utah.gov)

Utah Insurance Department  
Unauthorized (Surplus Lines) Insurer

**APPLICATION INFORMATION FORM**

Application fee - \$1,000\_\_\_\_\_ E-Commerce Fee - \$75\_\_\_\_\_

Date organized:\_\_\_\_\_ State or Country of Domicile:\_\_\_\_\_

Company NAIC Number (if applicable)\_\_\_\_\_ Group Number\_\_\_\_\_

FEIN Number\_\_\_\_\_

Type of Company: Stock\_\_\_\_\_ Mutual\_\_\_\_\_ Reciprocal\_\_\_\_\_ Other\_\_\_\_\_

Is the Company a subsidiary? If yes, list the 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 Cmp \_\_Bail Bonds \_\_Mortgage Gty

\_\_Professional Liability (excluding Medical Malpractice)

\_\_Professional Liability (including Medical Malpractice)

\_\_Other\_\_\_\_\_

Provide a detailed list of the types of insurance products you propose to write as a surplus lines Insurer in Utah, and your plan of operation for Utah. Explain why each of these products is more appropriate in the surplus lines market rather than the admitted market. Attach the list to this form.

Is the company an underwriting Insurer for any Risk Purchasing Groups organized under the Risk Retention Act of 1986? Yes\_\_\_ No\_\_\_  
If yes, list the name(s) of the Risk Purchasing Group(s):

Signed at \_\_\_\_\_ this \_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

**Utah Insurance Department  
Company Address Information Form**

**Statutory Home Office Address**                      Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Mailing Address**                                      Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Company Renewal Contact** Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Fraud Assessment Contact** Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Service of Process** Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Complaints Contact** Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Billing Address** Contact \_\_\_\_\_  
Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
PO Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

All address fields must be completed.

Updated 6-30-2015