### IMPORTANT REMINDER - PSLA REQUIRES ONE CONSOLIDATED 1620 REPORT FROM EACH CUSTOMER ID # PER MONTH

1620 (REV.11/2018)
Submit to:
Pennsylvania Surplus Lines Association
https://www.pasla.org/efs

(Original) Revised

(Please note items(s) revised from original report)

COMMONWEALTH of PENNSYLVANIA
INSURANCE DEPARTMENT

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**1620 MONTHLY REPORT** - for the MONTH of: 20

**Agency Name:**

**Agency Address:**

**PSLA CUSTOMER ID #:**

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<table>
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<tr>
<th>INSURED NAME &amp; LOCATION OF RISK</th>
<th>POLICY NUMBER</th>
<th>EFF. DATE</th>
<th>EXP. DATE</th>
<th>KIND</th>
<th>AMT. OF INS.</th>
<th>NON-TAXABLE PREMIUM</th>
<th>TAXABLE PREMIUM</th>
<th>PREMIUM TAX @ 3%</th>
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**Grand Totals**

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*This premium includes tax exempt risks and members insured by a risk retention group that appear on the Pennsylvania Insurance Department's Eligible Surplus Lines List.

**Include Grand Totals only on the final page of the report.

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I hereby attest, that the information contained in this report accurately reflects the business conducted by the Surplus Lines Licensee during the month stated above.

**Signed by:**

SURPLUS LINES LICENSEE

PRINT NAME

DATE