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

1620 (REV. 10/2010)

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

MONTHLY 1620 REPORT - for MONTH OF: _____ 20 _____

NAME & ADDRESS OF AGENCY: _____ **PSLA CUSTOMER ID #:** _____

INSURED NAME & LOCATION OF RISK	POLICY NUMBER	EFF. DATE	EXP. DATE	KIND	AMT. OF INS.	NON-TAXABLE* PREMIUM	TAXABLE PREMIUM	PREMIUM TAX @ 3%
					Grand Totals**			

*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.

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

Signed by: _____ AUTHORIZED REPRESENTATIVE _____ PRINT NAME _____ DATE