

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

1620 (REV. 9/2024)

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**

1620 MONTHLY REPORT - for the MONTH of: _____

20 _____

Agency Name: _____

Agency Address: _____

PSLA CUSTOMER ID #: _____

| INSURED NAME & LOCATION OF RISK | POLICY NUMBER | EFF. DATE | EXP. DATE | KIND | NON-TAXABLE* PREMIUM | TAXABLE PREMIUM | PREMIUM TAX @ 3% | COMMERCIAL LINES SERVICE FEE | PERSONAL LINES SERVICE FEE |
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| 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 Lines Licensee during the month stated above.

Signed by: _____
SURPLUS LINES LICENSEE
PRINT NAME
DATE