



November 17, 2009

New Surplus Lines Licensee Questionnaire

PA Surplus Lines License No:

Effective June 4, 2003, Act 147 went into effect in the Commonwealth of Pennsylvania. This placed Pennsylvania into the long list of those states who now offer reciprocity of licensing to all producers including surplus lines licensees. In the case of surplus lines, this represents a monumental change in the way that surplus lines placements are conducted in the non-admitted marketplace.

In light of these changing conditions, the Pennsylvania Surplus Lines Association ("PSLA") stamping office must re-establish an efficient method of being capable of making appropriate contact with all surplus lines licensees which may now be located in the United States and its territories rather than just Pennsylvania as in the past. To enable us to keep proper contact with you on all matters pertaining to the requirements of the Surplus Lines Law and it's supporting Regulations; it is necessary that you complete the area below and email or fax to our Training and Support Coordinator, Maureen Thomas at mthomas@pasla.org . Fax: (610) 594-7623

Licensee Email Address: _____

Telephone Number: _____

Are you affiliated with an corporation or partnership that has a PSLA Customer ID for your location?

___ Yes ___ No If Yes, fill out the fields below:

Agency Name: _____ Surplus Lines License No.: _____

Agency Address: _____ PSLA Customer ID: _____

_____ Telephone Number: _____

Are you affiliated with a corporation or partnership that has a PSLA Customer ID for another location but not for your location?

___ Yes ___ No If Yes, fill out the fields below, complete the EFS Enrollment Application(<http://www.pasla.org/documents/EFS%20Enrollment%20Application.pdf>), and mail it to PSLA

Agency Name: _____ Surplus Lines License No. _____

Agency Address: _____

Are you a sole proprietor or belong to an Agency that does not have a PSLA Customer ID?

___ Yes ___ No If Yes, fill out the fields below, complete the EFS Enrollment Application(<http://www.pasla.org/documents/EFS%20Enrollment%20Application.pdf>), and mail it to PSLA

Agency Name: _____ Surplus Lines License No. _____

Once we receive this information we will update our records and assign you if necessary a customer identification number ("Cust ID") and a login and password to enter our EFS (electronic filing) system where you may enter and edit all of your customer contact information.

