New Surplus Lines Licensee Questionnaire

Date:__________________________

Individual’s Name:__________________________ Pennsylvania Surplus Lines License No:_____

Address listed on License:__________________________

________________________________________________________________________________________

Effective June 4, 2003, Act 147 went into effect in the Commonwealth of Pennsylvania. Pennsylvania offers reciprocity of licensing to all producers including surplus lines licensees.

The Pennsylvania Surplus Lines Association (PSLA) stamping office must maintain an efficient method of contacting all surplus lines licensees located in the United States and its territories. To maintain contact on all matters pertaining to the requirements of the Surplus Lines Law and its supporting Regulations; it is necessary that you complete the information below and email to Agency Services at agencieservices@pasla.org.

Licensee Email Address:__________________________

Licensee Telephone Number:__________________________

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

________Yes ________No If Yes, fill out the fields below:

Agency Name:__________________________

Agency Surplus Lines License No:____

Agency Address:__________________________

PSLA Customer ID:__________________________

Agency 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:

Agency Name:__________________________

Agency Surplus Lines License No:____

Agency Address:__________________________

Agency 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:

Agency Name:__________________________

Agency Surplus Lines License No:____

Agency Address:__________________________

Agency Telephone Number:__________________________

Do you belong to an Agency that does not have a PSLA Customer ID?

________Yes ________No If Yes, fill out the fields below:

Agency Name:__________________________

Agency Surplus Lines License No:____

Agency Address:__________________________

Are you a sole proprietor that does not have a PSLA Customer ID?

________Yes ________No If Yes, fill out the fields below:

Individual/DBA Name:__________________________

Surplus Lines License No:__________________________

Individual/DBA Address:__________________________

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Once PSLA receives this information we will update our records and assign, if necessary, a Customer ID number.