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

1620 (REV.04/2020)
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	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 Lines Licensee during the month stated above.

By submitting this Application to the Pennsylvania Surplus Lines Association, I affirm that I am the person whose electronic signature appears above/below, and that the electronic signature was assigned to me by the Pennsylvania Surplus Lines Association.

Signed by: _____ _____ _____
SURPLUS LINES LICENSEE **PRINT NAME** **DATE**