

ARKANSAS INSURANCE DEPARTMENT
 ACCOUNTING DIVISION
 1200 West Third Street, Suite 345
 Little Rock AR 72201-1904

FORM AID AC SL-2
 Make check payable to: Arkansas Insurance Department

**AFFIDAVIT OF SURPLUS LINE BROKER
 FORM SL-2**

State of _____

County of _____, City of _____

_____ states on oath that he or she is a duly LICENSED SURPLUS LINE BROKER for the State of Arkansas, and that the coverages were placed through the following listed companies and received by the broker during the month of _____, 20___. He or She also states that, to the best of his or her knowledge, the placing of these coverages has been done in full compliance with the State of Arkansas and acknowledges that the information contained herein is true and correct to the best of his or her knowledge and belief.

Surplus Line Insurers Issuing Coverage	Amount of Premium	Expense of Underwriting	Tax Due (Prem. + Exp. x 4%)
TOTALS	\$	\$	\$

_____ Agency

_____ Address

_____ Telephone Number

_____ Surplus Line Broker's Signature Required

_____ License number of above signed broker

_____ Email address

Subscribed and sworn or affirmed to before me this ____ day of _____, 20__.

_____ Notary Public

My commission expires _____, 20__.

INDIVIDUAL SHEETS (FORMS SL-2A) SHOWING THE COMPANIES AND PREMIUMS, FEES AND TAXES MUST BE ATTACHED TO THIS FORM.

