



# STATE OF MAINE Bureau of Insurance

34 State House Station  
Augusta, ME 04333-0034

## Application for Surplus Lines Eligibility for U.S. Domiciled Insurers

**Note:** Alien (non-U.S.) companies should see the Alien Surplus Lines Eligibility Information Sheet.

<u>Name of Insurer:</u>		<u>NAIC Code:</u>
		<u>FEIN:</u>
<u>Statutory Home Office Address</u>		
<u>Mailing Address (if different)</u>		
<u>Physical location address (if different)</u>		
<u>Phone Number:</u>	<u>Fax Number:</u>	
<u>Regulatory Contact Name/Title:</u>	<u>Phone Number:</u>	
<u>Email:</u>		
<u>Address (if different)</u>		

The insurer hereby applies to the State of Maine for surplus lines eligibility, subject to the approval of the Superintendent and to such changes as the legislature may prescribe by direct or retaliatory methods, and to the strict observance of all laws or amendments thereto, which may be prescribed by statute for the regulation of the insurance business in Maine, and in conformity with the charter and by-laws of said company and the reasonable rules of procedure provided by the Bureau of Insurance.

By signing this application, the President, Secretary, Treasurer or Attorney-in-Fact herein represent that the company has fully complied with the provisions of its charter and by-laws, in the state or country of incorporation, that the company is in sound financial condition and that its methods of underwriting and conducting business are known and permitted by the insurance officials of the state or country where incorporated and are approved by the directors of the Company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

IN WITNESS WHEREOF, the said Company has affixed its seal and caused this application to be signed by the President, Secretary, Treasurer and/or Attorney-in-Fact on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_