THE SURPLUS LINE ASSOCIATION OF WASHINGTON EXEMPT COMMERCIAL PURCHASER

To THE SURPLUS LINE ASSOCIATION OF WASHINGTON:

The following statement of insurance written or proposed to be written in non-admitted insurers is hereby submitted in accordance with the Rules of the Surplus Line Association of Washington as a risk qualified as an Exempt Commercial Purchaser under RCW 48.15 and the rules and regulations of the Insurance Commissioner of the State of Washington relative to surplus line insurance. A copy of the Declarations Page, Certificate or Cover Note together with any other written documents are required to be submitted.

Policy or Certificate No.	Premium (add policy fee, if any) on which Taxes were Computed \$
☐ Multi-State Account with Washington as Home State	
Name of filing Surplus Line Broker	SLA Number:
Name and address of referring insurance producer (if	Individual Surplus Line Broker WAOIC#
3. Name(s) of unauthorized insurer(s):	
4. Name and address of insured:	
5. Effective Date or Binding Date (whichever is later):	
6. Brief statement of coverage (common trade terms ma	ay be used, e.g. D.I.C.):
Washington under my surplus line broker's license. Deta I certify that the risk qualifies as an exempt commercial p I certify that I am duly authorized to place this coverage of	
I certify that under the penalty of the suspension or revoc certification are true and correct.	cation of my surplus line broker's license that the facts contained in this
(Signature or Electronic Certification of Surplus Li	ne Broker) (Date)