APPLICATION TO BE AN ELIGIBLE SURPLUS LINES INSURER IN CONNECTICUT

Return To → State of Connecticut Insurance Department P.O. Box 816 Hartford, Connecticut 06142-0816			FOR OVERNIGHT EXPRESS USE: 153 MARKET STREET 7TH FLOOR HARTFORD, CT 06103 FAX: (860) 297-3978 Telephone: (860) 297-3817			
1. Name of Applicant Company		2. Organized Under the Laws of 3. I (Name of State)		Date of Application		
4. Address of Home Office			5. Date of Incorporation			NAIC Company Number and NAIC Group Number
7. Capital Stock (as of date of application)			8. Surplus (as of date of application)			
\$			\$	\$		
9. Previous Refusals: Has your company ever been refused admission to this or any other state prior to the date of this application?				Yes No		es" give full explanation in an ched letter.
10. Name of Company Officer (Type or Print) 11. Signature of Con		pany Officer			12. Title	

13. Insurance Lines:

(a) List the lines of business that the Company plans to write in accordance with the plan of operation. Lines description should correspond with the lines listed on the NAIC annual statement Exhibit of Premium and Losses (State Page)	(b) Is the Company authorized to write the line in its domicile state? (Yes/No)	(c) Is the Company actively writing this line in any state? (Yes/No)