

ADD/REMOVE SURPLUS LINES AFFILIATION FORM

- **THIS FORM IS TO AFFILIATE A SURPLUS LINES EMPLOYEE WITH A LICENSED SURPLUS LINES BUSINESS ENTITY (AGENCY) FOR TAX FILING PURPOSES.**
- **THIS FORM MUST BE SIGNED BELOW BY A DESIGNATED LICENSEE.**
- **ALL SECTIONS MUST BE COMPLETED.**
- **RETURN COMPLETED FORM TO RA-INSPECIALTYMAIL@PA.GOV**

Name of Surplus Lines Agency (as shown on PA license)

Tax ID Number or Surplus Lines License Number of Agency

Agency Contact Email Address

Printed Name(s) of Surplus Lines Employee Licensee(s) to be ADDED*

Surplus Lines Employee License Number(s) to be ADDED*

Printed Name(s) of Surplus Lines Employee Licensee(s) to be REMOVED*

Surplus Lines Employee License Number(s) to be REMOVED*

Printed Name of a Designated Licensee (*REQUIRED*)

Signature of a Designated Licensee (*REQUIRED*)

***IF MORE ROOM IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER**