



**ARKANSAS INSURANCE DEPARTMENT
ACCOUNTING DIVISION
1 Commerce Way, SUITE 501
LITTLE ROCK AR 72202**

AFFIDAVIT OF SURPLUS LINE BROKER FORM SL-2

Individual Broker Name: _____

Surplus Line Broker's Signature Required: _____

Individual National Producer Number (NPN): _____

Email address: _____

Agency Name: _____

Agency License Number: _____

Address: _____

City, State, Zip +4: _____

Telephone Number: _____

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 quarter _____, 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.

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

Notary Public

My commission expires _____, 20__.