



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

RALPH T HUDGENS
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN
COMMISSIONER
COMPTROLLER GENERAL

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GEORGIA STATE FIRE MARSHAL'S OFFICE SURPLUS LINE INSURANCE AFFIDAVIT

I, _____ of _____
(Name) (Firm's Name)

do swear and affirm that, prior to placing insurance coverage for _____
(Insured Firm's Name)

located at _____
(Street Address) (City) (State) (Zip Code)

with _____ domiciled in _____:
(Surplus Line Insurer)

I have ascertained that the surplus line carrier meets the financial requirements set forth in the Official Code of Georgia Annotated (O.C.G.A.) § 33-5-25; or that the insurer is on the approved list maintained by the Commissioner of Insurance. **I am licensed by the State of Georgia as a surplus line broker.** I will comply with all provisions related to surplus lines insurance pursuant to the Georgia Insurance Code.

Brokers Name (Print) License Number

Signed this _____ day of _____ 20_____.

Broker's Signature Date

Notary Public Signature

Seal Expiration date