

Christopher R. Nicolopoulos  
Commissioner

**THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**



**21 SOUTH FRUIT STREET, SUITE 14  
CONCORD, NEW HAMPSHIRE 03301**

**APPLICATION FOR COMPANIES REQUESTING ALIEN SURPLUS LINES AUTHORITY**

Application is hereby made on behalf of the company herein named to be included in companies applying for Alien Surplus Lines Authority.

Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip code \_\_\_\_\_

AA# \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

***Please complete this form and return with to: New Hampshire Insurance Department along with proof that the company is on the list of the NAIC listing of Alien insurers.***