

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 SURPLUS LINES AUTHORITY

Name of Company _____

Mailing Address _____

City, State & Zip code _____

NAIC Group Code _____

NAIC Company Code _____

Federal Tax Identification Number _____

Contact Person _____

Email Address _____

Phone Number _____

Please complete this form and return with a check in the amount of \$250 made payable to: Treasurer, State of New Hampshire. Mail to the attention of Lisa Cotter

Also submit the following:

- ***Certificate of Compliance from State of Domicile.***
- ***Page 3 of current Annual Statement/Quarterly Statement showing minimum surplus of \$15 million.***