



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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GEORGIA STATE FIRE MARSHAL'S OFFICE
SURPLUS LINE INSURANCE AFFIDAVIT

SAFETY FIRE

GID-341-SF JUL2012

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.

\_\_\_\_\_  
Broker's Name (Print) License Number

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

\_\_\_\_\_  
Broker's Signature Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Seal Expiration Date