



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

Alien Insurer Surplus Lines Eligibility Application
(Form SL2)

NAIC Number:	
Country of Domicile:	
Date Incorporated:	
Applicant's Company Name:	
Home Office Address:	
U.S. Counsel (Contact):	
U.S. Counsel (Address):	
U.S. Counsel (Phone No.):	U.S. Counsel (Fax No.):
U.S. Counsel (E-mail):	

Are you a subsidiary? Yes No
 If yes, list ultimate parent company. _____

Are you a parent company? Yes No
 If yes, list insurance subsidiaries: (Attach a separate sheet, if necessary)

Has any administrative action ever been taken against you in any other state? Yes No
 If yes, explain. _____

Is the applicant company listed on the NAIC quarterly listing of alien insurers? Yes No

Herewith submitted are the following documents:

- A fully completed Form SL2
- A current Certificate of Authority from the Country of Domicile
- A fully completed Affidavit of Filing and Financial Attestation
- Description of products to be sold in the State of West Virginia and proposed market plan
 (if amended or changed from previous submission provide documentation) OR
- No changes have been made to the products to be sold or market plan since previous submission
- A fee in the amount of \$100 (payable by check or via our online payment portal)

 Signature of Officer or U.S. Representative

 Print Name of Officer or U.S. Representative

 Date

Accredited by the National Association of Insurance Commissioners