



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

Foreign Insurer Surplus Lines Eligibility Application
(Form SL1)

NAIC Number:	
State of Domicile:	
Date Incorporated:	
Applicant's Company Name:	
Home Office Address:	
Mailing Address:	
Contact Person:	
Phone No.:	Fax No.:
E-mail Address:	

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. _____

Herewith submitted are the following documents:

- A fully completed Form SL1
- A current Certificate of Authority from the State of Domicile DOI
- A signed copy of the Annual Statement Jurat Page
- 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

Type or Print Name & Title of Officer

Date

Accredited by the National Association of Insurance Commissioners