



**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:	
<b>Applicant's Company Name:</b>	
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 completed Form SL1
- A certificate of Authority from State of Domicile
- A signed copy of Annual Statement Jurat Page
- A description of products to be sold in the State of West Virginia and proposed market plan OR  
(Renewal applicants file only if amended or changed from previous submission)  
 No changes have been made to the products to be sold or market plan since previous submission.
- A check for \$100.00 for the Financial Statement Filing Fee

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Type or Print Name & Title of Officer

\_\_\_\_\_  
Date

**Accredited by the National Association of Insurance Commissioners**