



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

Form E-700: Certificate of Surplus Lines Broker

SECTION A: Entity Type		Department Use:	
<input type="checkbox"/> Foreign <input type="checkbox"/> Alien <input type="checkbox"/> Lloyd's Association <input type="checkbox"/> Insurance Exchange Syndicate			
SECTION B: Surplus Lines Insurer Information		FEIN #:	
Name		NAIC #:	
DBA Name		U.S. State/Territory or Non-US Country Incorporated/Organized:	
Mailing Address:	City:	State:	ZIP Code:
SECTION C: Service of Process Information Enter information for the person to whom, pursuant to A.R.S. § 20-419, the Director of Insurance and Financial Institutions will forward legal process against the insurer.			
Name:		Phone Number:	
Physical Street Address (must not be P.O. box):	City:	State:	ZIP Code:
SECTION D: Surplus Lines Broker Information Only an Arizona-licensed resident or non-resident surplus lines broker may file this Certificate.			
Broker Name:		AZ Insurance License #:	
Contact Person – Name:	E-mail Address:		
Title:	Phone Number:		
SECTION E: Surplus Lines Broker Declaration			
1.			
2.			

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3. The Insurer maintains a deposit in public custody in trust for the purpose of protecting all of the Insurer's policyholders in the United States pursuant to ARS § 20-413	

SECTION F: Required Enclosures

1. **INCLUDE Form E-701** completed by the

SECTION G: Surplus Lines Broker Attestation
If the surplus lines broker is a business entity, this attestation must be executed by the designated responsible licensed producer ("DRLP") of the broker.

All information contained in this Certificate is true and correct to the best of our knowledge and belief.

Signature of Broker Printed Name of Broker or DRLP Date

Send the application documents to erica.bowsher@difi.az.gov.