

Christopher R. Nicolopoulos
Commissioner

**THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**



**21 SOUTH FRUIT STREET, SUITE 14
CONCORD, NEW HAMPSHIRE 03301**

APPLICATION FOR COMPANIES REQUESTING ALIEN SURPLUS LINES AUTHORITY

Application is hereby made on behalf of the company herein named to be included in companies applying for Alien Surplus Lines Authority.

Name of Company _____

Mailing Address _____

City, State & Zip code _____

AA# _____

Contact Person _____

Email Address _____

Phone Number _____

Please complete this form and return with to: New Hampshire Insurance Department along with proof that the company is on the list of the NAIC listing of Alien insurers.