

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 SURPLUS LINES AUTHORITY**

Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip code \_\_\_\_\_

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

*Please complete this form and return with a check in the amount of \$250 made payable to: Treasurer, State of New Hampshire. Mail to the attention of Lisa Cotter*

*Also submit the following:*

- *Certificate of Compliance from State of Domicile.*
- *Page 3 of current Annual Statement/Quarterly Statement showing minimum surplus of \$15 million.*