

MT. MCKINLEY MANAGERS, LLC.

SURPLUS LINES FILING CONFIRMATION

Company: Everest Indemnity Insurance Company Everest Security Insurance Company

Policy Number: _____

Name of Insured: _____

Policy Effective Date: _____

Please enter the risk location state for the surplus lines filing: _____

To ensure compliance with the above noted State's surplus lines laws, you are required to provide the requested information for the surplus lines licensee responsible for the collection and remittance of surplus lines taxes, stamping fees or other charges in connection with the placement of this policy. This information may be provided to the State's regulatory authority as confirmation of the proper surplus lines placement of this risk if it is requested.

Name of Surplus Lines Licensee: _____ License State: _____

Surplus Lines License Number: _____ Exp. Date: _____

If you are not located in the policy location state, are you allowed to submit a non-resident filing: YES NO

Agency Name: _____

Agency Address: _____

Phone Number: _____ Fax Number: _____

Total Premium:	\$ _____	Policy Fee Applied:	\$ _____
Stamping Fee:	\$ _____	Other Fees (describe below):	\$ _____
Surplus Lines Tax:	\$ _____	Total Amount Paid to State:	\$ _____
State Specific Transactional ID Number (if required):	_____		
Description of Fees Charged on this Policy:	_____		

Name of Person Completing this Form: _____

Signature: _____

Date: _____

With your signature, you hereby warrant and represent that the surplus lines licensee indicated above is responsible for (1) the collection and remittance of the surplus lines taxes, stamping fees and/or other charges in connection with the surplus lines placement of this policy and (2) complying with all state surplus lines laws and regulations including state required surplus lines notices and stamps. If you have any questions about the completion of this form, please contact us.

PLEASE RETURN A COPY OF THIS COMPLETED FORM TO US FOR OUR FILES. THANK YOU.