

IMPORTANT REMINDER - PSLA REQUIRES ONE CONSOLIDATED 1620 REPORT FROM EACH CUSTOMER ID # PER MONTH

1620 (REV.11/2018)

Submit to:

Pennsylvania Surplus Lines Association

<https://www.pasla.org/efs>

_____ Original

_____ Revised

(Please note items(s) revised from original report)

COMMONWEALTH of PENNSYLVANIA
INSURANCE DEPARTMENT

1620 MONTHLY REPORT - for the MONTH of: _____ 20____

Agency Name: _____

Agency Address: _____

PSLA CUSTOMER ID #: _____

INSURED NAME & LOCATION OF RISK	POLICY NUMBER	EFF. DATE	EXP. DATE	KIND	AMT. OF INS.	NON-TAXABLE* PREMIUM	TAXABLE PREMIUM	PREMIUM TAX @ 3%
Grand Totals**								

*This premium includes tax exempt risks and members insured by a risk retention group that appear on the Pennsylvania Insurance Department's Eligible Surplus Lines List.

Include Grand Totals **only on the final page of the report.

I hereby attest, that the information contained in this report accurately reflects the business conducted by the Surplus Lines Licensee during the month stated above.

Signed by:

_____ SURPLUS LINES LICENSEE

_____ PRINT NAME

_____ DATE