



AGENT QUESTIONNAIRE

SURPLUS LINES STAMPING OFFICE OF TEXAS

— Please complete the following questions and return to the Stamping Office.

1. Name on Texas surplus lines license: _____

2. DBA name (Trade name(s) approved by the Texas Department of Insurance):

3. Surplus lines license number: _____

4. License expiration date: _____

5. If completing this form for a corporation, partnership, or limited liability company, please list the officers, directors, partners, or members provided to the Texas Department of Insurance on the surplus lines license application: (You may attach a separate sheet if additional space is needed.)

_____	_____
_____	_____

6. What is the correct address for your agency? (Please provide a physical address and a post office box if you use both.) **Please "X" the address where you prefer to receive your mail.**

**I would like to receive mail at
the address checked below:**

Physical: _____

P.O. Box: _____

(Note: The Stamping Office will send large packages to the physical address)

7. Mail from the Stamping Office should be addressed to the attention of:

8. What is your area code and phone number? _____
9. What is your area code and fax number? _____
10. What is your web site address? _____
11. What are your office hours? _____
12. The *Surplus Lines Stamping Office of Texas Procedures Manual* (Procedures Manual) is accessed through a Publications & Education link on our website at www.slsot.org/procman1.htm.
13. You can access the monthly bulletins that update the Procedures Manual and the quarterly *Lone Star Lines* newsletters through a Publications & Education link on our website at www.slsot.org/pman10.htm and <http://www.slsot.org/LoneStarLines.htm>. **If you wish to receive e-mail notification when a bulletin or newsletter has been issued, please provide an e-mail address:**
- _____
14. When completed, please return the questionnaire by mail, fax, or e-mail as soon as possible to:

Monte Hall
Agent Services Coordinator
Surplus Lines Stamping Office of Texas
P.O. Box 160170
Austin, Texas 78716-0170
mhall@slsot.org
(512) 346-3422 fax

We appreciate your assistance in updating our files. Any question in regard to this form, please call Monte Hall at (800) 449-6394, ext.219 or (512) 346-3274, ext. 219.

-- NOTE --

Please remember that the law requires you to report any change in your address directly to the Texas Department of Insurance.

Also...

please notify the Stamping Office of any address change.