

TRANSMITTAL AND VERIFICATION SLIP

Surplus Lines Stamping Office of Texas
P.O. Box 160170
Austin, Texas 78716-0170

For Stamping Office Use

Surplus Lines Agent Acme Agency
 Surplus Lines License Number XXXXXXXX
 Prepared By _____
 Telephone Number _____

DATE _____

Check box if this is the final batch for this month.

**Show total of the
TEXAS Policy Premium,
Policy Fee, Surplus
Lines Tax, & Stamping
Fee for each policy**

Type X=
Allocation

Named Insured

Policy Number

**Total
Texas Premium
& Policy Fee**

**Surplus
Lines Tax**

**Stamping
Fee**

	Named Insured	Policy Number	Total Texas Premium & Policy Fee	Surplus Lines Tax	Stamping Fee	Total
	1 Park Village	IAAX22	2,350.00	113.98	5.88	2,469.86
X	2 Smith Oil	ABC123	47,290.00	2,293.57	118.23	49,701.80
	3 NB Drilling Co.	XYZ999	45,000.00	2,182.50	112.50	47,295.00
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					

SAMPLE

* If item was previously filed under a different number, please also indicate that number on the item.

TOTAL \$ 99,466.66

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The same format must be used.