

**POLICY SECURITY CORRECTION
TRANSMITTAL AND VERIFICATION SLIP**

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

SECURITY CORRECTIONS ONLY

For Stamping Office Use

Surplus Lines Agent: _____
Surplus Lines License Number: _____
Prepared By: _____
Telephone Number: _____

DATE: _____

SECURITY CHANGES ONLY			
These spaces should be blank for most security corrections. Only use if reversing or revising a previous premium submission involving a security correction.			
Type X= Allocation	(1) Named Insured	(2) Policy Number	(3) Total Texas Premium & Policy Fee
	1.		
	2.		
	3.		
	4.		
	5.		

Type X= Allocation	(1) Named Insured	(2) Policy Number	(4) Surplus Line Tax	(5) Stamping Fee	(6) Total Texas Premium, Fees & Tax
	1.				
	2.				
	3.				
	4.				
	5.				

TOTAL \$ _____

IMPORTANT

- A. **UNKNOWN COMPANY PARTICIPATION:** Please attach a revised security endorsement, listing the **complete name** of each insurer and its percentage of participation. These percentages must total 100%. Please be sure to return a "Tagged Item," if applicable.

- B. **INELIGIBLE INSURERS:** Either replace with an eligible insurer or delete the ineligible insurer back to inception and redistribute the security participation among the remaining insurers. List the **complete name** of each insurer. This must be done by endorsement.

If your agency uses its own computer-generated transmittal form, please attach this blank form to the front of your security correction transmittal. *This form is to be copied on green paper prior to submission.*