



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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GEORGIA STATE FIRE MARSHAL'S OFFICE SURPLUS LINE INSURANCE AFFIDAVIT

**SAFETY FIRE
HAZARDOUS MATERIAL
GID-341-SF JUN2015**

I, _____ of _____
(Name) (Firm's Name)

do swear and affirm that, prior to placing insurance coverage for _____
(Insured Firm's Name)

located at _____
(Street Address) (City) (State) (Zip Code)

with _____ domiciled in _____ :
(Surplus Line Insurer)

I have ascertained that the surplus line carrier meets the financial requirements set forth in the Official Code of Georgia Annotated (O.C.G.A.) § 33-5-25; or that the insurer is on the approved list maintained by the Commissioner of Insurance. **I am licensed by the State of Georgia as a surplus line broker.** I will comply with all provisions related to surplus lines insurance pursuant to the Georgia Insurance Code.

Broker's Name (Print) License Number

Signed this _____ day of _____ 20 _____ .

Broker's Signature Date

Notary Public Signature

Seal Expiration Date