



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE  
COMMISSIONER OF INSURANCE  
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## GEORGIA STATE FIRE MARSHAL'S OFFICE SURPLUS LINE INSURANCE AFFIDAVIT

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.

\_\_\_\_\_  
Brokers Name (Print) License Number

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Broker's Signature Date

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Seal Expiration date