



STATE OF HAWAII
INSURANCE DIVISION
 DEPARTMENT OF COMMERCE CONSUMER AFFAIRS
 P. O. Box 3614
 Honolulu, Hawaii 96811-3614
 335 Merchant St., 2nd Floor
 Honolulu, Hawaii 96813

ACCOUNT OF SURPLUS LINE BUSINESS TRANSACTED DURING THE YEAR 20__

NAME OF SURPLUS LINE BROKER _____

Note: Enter explanation pertaining to any entry on the reverse side of this form.

Effective Date of Policy	Policy Number	Term of Policy	Name of Insured	Name of INSURANCE COMPANY [Complete name in Alpha Order] (No Broker Names)		Amount of Insurance	Line of Insurance	Location of Risk	Gross Premiums (1)	Return Premiums (1)	Net Premiums (1)
1	2	3	4	NAME	ADDRESS	6	7	8	9	10	11
TOTALS									0	0	0

(1) If surplus line policy covers risks or exposures only partially in this State, enter only that proportion of the premium which is properly allocable to the risks or exposures located in this State and indicate such entry with *.