



SLAS TRANSACTION FEE REFUND AUTHORIZATION FORM

1. Agency Name: _____
2. Surplus Lines
Licensee/IPC Filer: _____
(Include National Producer Number)
3. Refund Mailing Address: _____
4. Fee Refund Amount
Requested: _____
5. Reason for Refund: _____
6. Request From: _____
7. Signature of Requestor: _____ Date: _____

*****SLAS Use Only*****

SLAS State: _____

Original SLAS
Transaction Fee
Payment Amount: _____

Original SLAS
Transaction Fee
Payment Date: _____

Refund Amount Approved: _____

Verified By: _____ **Date:** _____

Approved By: _____ **Date:** _____