



111 E. Main Street • Delphi, Indiana • (765)564-6600 • (800)257-7364

Dear Producer,

This affidavit acknowledges that Transportation Insurors collects and pays the Surplus Lines taxes on your behalf. For verification purposes, simply sign and return this letter. A verification letter will be sent to you annually to sign and return for our records.

Thank you in advance for your prompt attention to this matter. We look forward to building stronger relationships, increasing efficiency, and providing more personal service based upon your updated, complete and accurate information. We apologize for any inconvenience this process may create.

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE PRODUCER LISTED BELOW IS NOT RESPONSIBLE FOR THE ACCOUNTING, REPORTING, OR PAYMENT OF ANY AND ALL "EXCESS AND SURPLUS LINES TAX" IN ANY STATE IN WHICH INSURANCE IS MARKETED AND PROVIDED THROUGH TRANSPORTATION INSURORS, INC. I FURTHER CERTIFY THAT ALL SURPLUS LINES TAXES ARE SENT DIRECTLY TO AND ARE PAID BY TRANSPORTATION INSURORS, INC. ON OUR BEHALF.

PRODUCER _____

ACCEPTED BY _____
(Signature, Position Title)

DATE _____