

## ADD/REMOVE DESIGNATED LICENSEE OR SURPLUS LINES AFFILIATION FORM

- **THIS FORM MUST BE SIGNED BELOW BY A DESIGNATED LICENSEE.**
- **ALL SECTIONS MUST BE COMPLETED**
- **RETURN COMPLETED FORM TO [RA-INSPECIALTYMAIL@PA.GOV](mailto:RA-INSPECIALTYMAIL@PA.GOV)**

Select one or both if applicable:

- ☐ Add/Remove Designated Licensee (responsible for agency's compliance with insurance laws and regulations)
- ☐ Add/Remove Surplus Lines Affiliation (for surplus lines employee tax filing purposes only)

Name of Business Entity (as shown on PA license)

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Tax ID Number or License Number(s) of Business Entity

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Agency Contact Email Address

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Printed Name(s) of Designated/Surplus Lines Licensee(s) to be **ADDED**\*

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PA Insurance Department License Number(s) of Licensee(s) being **ADDED** [if more than one license type is held (e.g., producer, surplus lines, etc.) please indicate all applicable license numbers] \*

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Printed Name(s) of Designated/Surplus Lines Licensee(s) to be **REMOVED**\*

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PA Insurance Department License Number(s) of Designated Licensee(s) to be **REMOVED** [if more than one license type is held (e.g., producer, surplus lines, etc.) please indicate all applicable license numbers] \*

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Printed Name of a Designated Licensee (***REQUIRED***) \_\_\_\_\_

Signature of a Designated Licensee (***REQUIRED***) \_\_\_\_\_

**\*IF MORE ROOM IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER**