

OFFICE OF SUPERINTENDENT OF INSURANCE
P.O. BOX 1689
SANTA FE, NEW MEXICO 87504-1689
(505) 827-4362

SURPLUS LINE INSURER REQUIREMENTS

NAME OF SURPLUS LINE INSURER

FEIN

NAIC

In accordance with NRRRA, should a company wish to become an eligible Surplus Line Insurer in this state, the following is required:

- _____ 1. A Non-refundable fee in the sum of \$1,000.00 must accompany the requested documents in accordance with NMSA §59A-6-1 (I). Make check payable to the ***Office of Superintendent of Insurance or OSI.***
- _____ 2. Cover letter listing contact information for which questions regarding the application should be addressed.
- _____ 3. Current Certificate of Compliance from the state of domicile.
- _____ 4. Contact Processing Form.
- _____ 5. Current Certificate of Deposit from the state of domicile.
- _____ 6. A properly executed document authorizing the Superintendent of Insurance to accept Service of Process on behalf of the organization. (NAIC UCAA Form 12 is available on the NAIC website https://www.naic.org/documents/industry_ucaa_form12.pdf).

Please be advised that the minimum capital and surplus requirement for eligibility is \$15,000,000.00 per NMSA §59A-14-4.

Please mail the application fee along with items 1 through 6 in paper form to:

**Office of Superintendent of Insurance (OSI)
Attn: Company Licensing Bureau
1120 Paseo De Peralta, Room 439
Santa Fe, New Mexico 87501**

If you have any questions regarding the requested documents above, please contact the Company Licensing Bureau at 505-827-4362.

OFFICE OF SUPERINTENDENT OF INSURANCE
COMPANY LICENSING BUREAU
P. O. BOX 1689
SANTA FE, NEW MEXICO 87504-1689
(505) 827-4362

PLEASE READ BEFORE COMPLETING:

- PLEASE TYPE OR PRINT NEATLY
- COMPLETE ENTIRE FORM--DO NOT LEAVE ANY BLANKS
- CONTACT PERSON & PHONE NUMBER--MUST BE LOCATED AT ADDRESS INDICATED

CONTACT PROCESSING FORM

COMPANY COMPLETE NAME – Do not abbreviate name.

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COMPANY HOME ADDRESS – **MUST BE LOCATED IN STATE OF DOMICILE (PER NMSA §59A-5-22 (B))**

<u>Physical location only:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY MAILING ADDRESS

<u>Street, P O Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

COMPANY CONTACT FOR GENERAL & SPECIAL DEPOSITS/SURETY BONDS

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>