



TRANSACTION FEE REFUND AUTHORIZATION FORM

1. Agency Name: _____
2. Surplus Lines
Licensee/IPC Filer: _____
3. Refund Mailing Address: _____

4. Fee Refund Amount: _____
5. Reason for Refund: _____
6. Requested From: _____
7. Signature of Requester: _____ Date: _____

*****SLIP+ for States Use Only*****

1. SLIP+ State Client: _____
2. Original SLIP+ Fee Payment Amount: _____
3. Original SLIP+ Fee Payment Date: _____
4. Approved Refund Amount: _____

Verified By: _____ **Date:** _____

Approved By: _____ **Date:** _____