



MISSISSIPPI SURPLUS LINES ASSOCIATION

AGENT/AGENCY REGISTRATION FORM

(Please print clearly)

Surplus Lines Agent License Number _____

Surplus Lines Agent Name _____

Office Phone Number _____

Direct Phone Number _____

Office Fax Number _____

Street Address _____

City _____

State, Zip _____

Agent Physical Address (if different from mailing) _____

Street Address _____

City _____

State, Zip _____

Email Address-Licensee _____

Name of Surplus Line Coordinator _____

Email Address-Surplus Lines Coordinator _____

Billing Contact Name _____

Billing Address _____

Billing Phone Number _____

Billing Email Address _____

AGENCY INFORMATION

Agency (Official Legal Name) _____

Agency Mailing Address _____

Street Address _____

City _____

State, Zip _____

Agency Physical Address (if different from mailing) _____

Street Address _____

City _____

State, Zip _____

Office Fax Number _____

Office Phone Number _____

Organization Website _____

Please check the appropriate box:

- Yes. Please send me a username and password for Surplus Lines Information Portal (SLIP) so that I may electronically submit policy data to MSLA.
- No. I do not need a username and password at this time.

Signature of Licensee _____

Please complete Registration Form and:

FAX: 601-713-1122
OR
EMAIL: COMMUNICATIONS@MSLA.ORG

IF YOU HAVE ANY QUESTIONS, PLEASE CALL: 601-713-1111