



Form F

For Cash Management Use Only

Non Admitted Insurers Writing Suprlus Lines Insurance
Application and Fee Form
Due March 1

Date: _____ Check Amount: \$ _____

NAIC Number: _____ State of Domicile: _____

Company Name: _____

Mailing Address: _____

Contact Person: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Fee Schedule: Fees paid by Non Admitted Insurers Writing Surplus Lines Insurance (§§10-3-207(1)(b) and 10-3-207.5, C.R.S.):

Colorado 2011 Direct Premiums Written \$ _____

Colorado 2011 Direct Premiums Written	Annual Statement Filing Fee	Fraud Fee:	Total Amount Due
\$1,000,000 or less:	\$ 670	\$561	\$1,231
\$1,000,001 to \$10,000,000:	\$ 2,010	\$561	\$2,571
\$10,000,001 and over:	\$ 3,345	\$561	\$3,906

Submit A Separate Check For Each Application
Check # Submitted for This Application: _____
Check Drawn on Account of: _____
Company Name on Check (not necessarily the applicant)

Please attach check to this completed form and mail by March 1st to:

Colorado Division of Insurance
Corporate Affairs
1560 Broadway, Suite 850
Denver, CO 80202

Inquiries: email DOI.CorporateAffairs@dora.state.co.us

