



MISSISSIPPI SURPLUS LINES ASSOCIATION

AGENT/AGENCY REGISTRATION FORM

(Please print clearly)

Surplus Lines Agent License Number \_\_\_\_\_

Surplus Lines Agent Name \_\_\_\_\_

Email Address-Licensee \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Direct Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Agent Physical Address (if different from mailing) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Name of Surplus Line Coordinator \_\_\_\_\_

Email Address-Surplus Lines Coordinator \_\_\_\_\_

Phone Number-Surplus Lines Coordinator \_\_\_\_\_

AGENCY INFORMATION

Surplus Lines Agent License Number \_\_\_\_\_

Surplus Lines Agent Name \_\_\_\_\_

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 Phone Number \_\_\_\_\_

Surplus Lines Coordinator \_\_\_\_\_

Surplus Lines Coordinator Phone Number \_\_\_\_\_

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](mailto:COMMUNICATIONS@MSLA.ORG)

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