



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

Form E-701: Certificate of Public Supervisory Official

SECTION A: Entity Type Department Use:

- Domestic Admitted Insurer, Domestic Surplus Lines Insurer, Alien Insurer, Lloyd's Association, Insurance Exchange Syndicate

SECTION B: Insurance Supervisory Official

Name of Official Phone Number

Title E-mail Address

Government Agency Name Division/Section/Bureau Name U.S. State/Territory

SECTION C: Surplus Lines Insurer Information

NAIC #:

SECTION D: Public Supervisory Official Declaration

1. Yes No

2.

3.

SECTION E: Public Supervisory Official Certification

I hereby certify that I am the public official or other person having supervision over insurers in this State and that all the information contained in this Certificate is true and correct to the best of my knowledge and belief.

Signature Date

Send the application documents to erica.bowsher@difi.az.gov.