



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](mailto:COMMUNICATIONS@MSLA.ORG)

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