



**DELAWARE INSURANCE DEPARTMENT
SURPLUS LINES
BINDER/POLICY NUMBER REPLACEMENT FORM**

To be submitted by the
**SURPLUS LINES
BROKER**
Form SL-1916
Formerly Form SL-1908

THIS FORM MUST BE SUBMITTED TO THE DELAWARE INSURANCE DEPARTMENT WHEN A POLICY NUMBER BECOMES AVAILABLE FOR A PLACEMENT PREVIOUSLY SUBMITTED WITH ONLY A BINDER OR CERTIFICATE NUMBER PER 18 Del. C., § 1908(d)

NAME OF INSURED:

(As Originally Reported) _____

BINDER OR CERTIFICATE NUMBER: _____

NEW POLICY NUMBER: _____

ORIGINAL POLICY TERM INFORMATION

Effective Date

MM/DD/YYYY Format

Expiration Date

MM/DD/YYYY Format

Name of SL Agency _____ **DE Lic # of Agency** _____
(Type or print name of Agency)

Name of SL Broker _____ **DE Lic # Individual** _____
(Type or print name of Individual)

SL Broker Signature _____ **Date:** _____