



Industrial Insured Form

Surplus Lines Stamping Office of Texas
1601 E Pflugerville Parkway, Suite 3301
Pflugerville, TX 78660

Form No.11.1

Policy Number: _____

Named Insured: _____

Policy Effective Date: _____

Buyer meets "Industrial Insured" requirements ([TIC 981.0033](#)):

Agent/Broker Name: _____

License ID: _____

Only complete and submit for Industrial Insured placements

(Retain a copy for your records)