

Retail Member

Louisiana Surplus Line Association 2017-2018 Membership Directory & Market Guide

SURPLUS LINE REPORTER, INC.

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Member Listing/ General Information

*Please complete this form for your listing
in the Surplus Line Market Directory
(Type or Print Clearly)*

LSLA MEMBER COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

(If different from mailing address)

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (include area code): _____

FAX (include area code): _____

WATS: _____

E-MAIL ADDRESS: _____

WEBSITE ADDRESS: _____

LSLA CONTACT: _____

KEY PERSONNEL: (NAME/POSITION)

This Form Completed By: _____ Date: _____

Please complete this form by **As Soon As Possible** and mail to:
Surplus Line Reporter, Inc., P.O. Box 1089, Gretna, LA 70054-1089
or email to adegraw722@aol.com