



Surplus Lines Associates, LLC

Florida Easy Filer Insurer Order Form

Questions? Call 1-888-411-2682

Software Configuration Requirements and Payment Form

1. Fill in the Contact / Licensee Information Section		
2. Fill in the Payment or Billing information. If Invoice, consider this your invoice. Payment is due before software key will be issued.		
3. Fill in the software configuration section. This is "default" information for your Company. Only one Company (unique NAIC number) can be created and filed with the Florida Easy Filer software. Fill out a separate Software Configuration form for each Company		
4. Sign and date the Software Configuration Requirements and License Agreement		
4. Email the form to Orders@SurplusLinesAssociates.com or fax to 888-411-2682		
5. Fill in the software configuration section. This is "default" information for your Company. Only one Company (unique NAIC number) can be created and filed with the Florida Easy Filer software.		
5. We will configure the software and return it to you within 3 business days (Mon-Fri)		
6. Unzip the file at the root of your c: drive. Follow the software registration instructions. This is required.		
Contact / Licensee Information		
Licensee Name:		Email:
Company / Organization Name:		
City:	State:	Phone:
Billing Information		
Payment Type (select one) Credit Card:		Invoice:
Billing Name:		Billing Company:
Billing Address:		
Billing City:	State:	Zip Code:
Phone:	Email (if different from user):	
Credit Card Information (if payment is by credit card)		
Card Type:		Credit Card Number:
Expiration Date: MM:	YYYY:	* Credit Card Code:
* 3 or 4 digit number usually found on the back of the card. For American Express the number is on the front.		

Software Configuration Information (to be used to build the output slx file)

Insurer Section (FLSO Version 5.0)

The Insurer's NAIC number

The Insurer's FEIN

The name of the company

The company's mailing address1

The company's mailing address2

The company's city

The company's ZIP or Postal Code

The company's phone number

Contact Section

The contact's first name

The contact's last name

The contact's mailing address1

The contact's mailing address2

The contact's City

The contact's State

The contact's Zip Code

The contact's Phone Number

The contact's Fax Number

The contact's Email Address

Total Due: First Company: \$895.00 Subsequent Company: \$715.00

When using the software you agree to the Product License Agreement

Our software comes with a 30 day money back guarantee. If any defects are found in our products or they do not perform as we demonstrate, describe or feature we will return your purchase. See details in the Surplus Lines Associates, LLC. [Product License Agreement](#) online or as follows.

Licensee Signature

Date

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9. INTERPRETATION. If any provision of this Agreement is held to be unenforceable for any reason, such provision shall be ignored only to the extent necessary to make this license enforceable, and such decision shall not affect the enforceability (i) of such provision under other circumstances or (ii) of the remaining provisions hereof under all circumstances. Headings shall not be considered in interpreting this Agreement. Any amendment to this agreement must be in writing and signed by both parties.

10. NO WAIVER. The failure of either party to enforce any rights granted hereunder or to take action against the other Party in the event of any breach hereunder shall not be deemed a waiver by that party as to subsequent enforcement of rights or subsequent actions in the event of future breaches.

11. APPLICABLE LAW. The laws of the United States of America govern this agreement.

Our Product , as well as the accompanying files, are furnished under license and may only be used in accordance with the terms of this license granted.

END OF THE AGREEMENT.