

EXCESS LINE ASSOCIATION OF NEW YORK

120 Wall Street, 24th Floor, New York, NY 10005

Batch Filing Report

Date: / /

ELA Member No: _____ Member _____

	<i>Policy No.</i>	<i>Ends. No.</i>	<i>*Trans Code</i>	<i>Affidavit No.</i>	<i>Premium \$ (Rounded to Whole \$)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total Net Premium: \$ _____

Contact Person _____ **Phone # ()** _____ **Ext.** _____

*Trans Code: **B** = Binder/Confirmation of Placement of Coverage
 C = Cover Note
 D = Declarations Page
 E = Subsequent Premium Bearing Endorsement
 X = Item & Premium Previously Reported - STAMP ONLY
 NOC = Correction to Previously Submitted Documents
 S = Suspense Resubmission

@NOTE:SECTION 2118(b)(I) REQUIRES THE LICENSEE TO SUBMIT THE DECLARATION PAGE/COVER NOTE TO THE ASSOCIATION PROMPTLY UPON RECEIPT.