

AMERICAN INTERNATIONAL COMPANIES

70 Pine Street
New York, NY 10270

REQUEST FOR COUNTERSIGNATURE

Date: _____

TO:

Please countersign one of the following based on the state requirements: policy(ies), Declarations Page(s) or endorsement(s) and promptly return them using the self-addressed, postage paid, reply envelope enclosed. Also, enclosed is a PL Search printout showing the nonresident agent's company appointments. Please keep one copy of this request for your records.

Requested by: _____

Department: _____

Policy Number	Insurance Company	Name of Insured	Premium
----------------------	--------------------------	------------------------	----------------