

SURPLUS LINE ASSOCIATION OF IDAHO, Inc.

595 South 14th Street Boise, ID 83702 208.336.2901

Carrie Negrette, Executive Director

carrie@idahosurplusline.org

INSTRUCTIONS FOR COMPLETING AND FILING INDEPENDENTLY PROCURED PREMIUM TAX STATEMENT

Independently Procured Premium Tax Statements are due within thirty (30) days of procurement of insurance.

Premiums shall be written and reported through an Idaho licensed Surplus Line Broker for non-admitted Surplus Line Insurers not authorized to transact insurance in this state – Idaho Code § 41-1211. If the insurance transaction is totally exclusive of the services of a licensed producer and/or licensed Surplus Line Broker, then the State of Idaho, Department of Insurance may recognize an Independently Procured transaction. Idaho Code § 41-1233. The insured – rather than a licensed broker – is subject to provisions and penalties of the Surplus Line Code and Rules.

- Select appropriate box at top of IP form:
Insurer(s) underwriting the risk must be listed with Eligible Surplus Line Insurers (White List or NAIC Quarterly) by the Idaho Department of Insurance. A current list can be viewed at www.idahosurplusline.org.
 - *Idaho Code § 41-1217(2) requires that all independently procured insurance only be purchased from surplus lines insurers listed on the White List. Ineligible insurers must apply to the White List prior to issuing insurance in Idaho.*
- Documentation (i.e. declaration page and all endorsements) must be attached to the IP form, verifying the accuracy of information reported on the form.
- The insured's name and address must be complete as all forms, *refunds and correspondence will be sent to this address.*
- The name and address of insurer, type of policy, location of insured risk, and policy effective date is required. Idaho Code § 41-1233.
- Explain why the risk was **not** placed with an Authorized (admitted) insurer **and not** through a licensed Surplus Line Broker.

An officer of the insured entity must sign and date the IP form.

Questions concerning this Tax Statement may be directed to this individual via telephone and/or e-mail address.

Complete PREMIUM TAX statement through TriTech and submit PREMIUM TAX payment directly to State of Idaho, Department of Insurance.

Complete PREEMIUUM TAX statement (*next page*) and Submit STAMPING FEE payment directly to SLA ID, payable to Surplus Line Association of Idaho, Inc.

Mail the following to SLA of Idaho (*address above*)

Stamping Fee payment Completed IP Premium Tax Statement Supporting policy documents

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INDEPENDENTLY PROCURED PREMIUM TAX STATEMENT

Independently Procured by Insured with **Eligible** Surplus Line Insurer (*Unauthorized List*)

Insured Name

Insured Mailing Address

This statement must be completed and filed with the **Surplus Line Association of Idaho, Inc.** *within thirty days of procurement* of any insurance placed through an **Eligible S/L Insurer** and **without the service of a licensed broker.**

INSURANCE COMPANY

POLICY #

INSURANCE Co ADDRESS

COVERAGE DESCRIPTION (RISK CATEGORY)

POLICY EFF DATE

IDAHO LOCATION OF RISK

REASON POLICY **NOT** WRITTEN WITH AN ADMITTED INSURER

REASON THIS POLICY WAS **NOT** PROCURED BY A LICENSED SURPLUS LINE BROKER

1. **PREMIUM** POLICY PLUS ALL ENDORSEMENTS
Include Fees in addition to premium such as Policy Fees and Examination Fees
2. **PREMIUM TAX** LINE #1 x 1.5% PREMIUM TAX RATE (.015)
Check payable to: IDAHO DEPARTMENT OF INSURANCE
3. **STAMPING FEE** LINE#1 x .5% STAMPING FEE (.005)
Check payable to: SURPLUS LINE ASSOCIATION OF IDAHO

Endorsements & Audits subject to Tax & Stamping Fee based on Eff. Date of Originating Policy

Canceled checks are your receipt. \$20.00 charge for returned checks. *Idaho Code § 28-22-105*

Under penalty of perjury, I declare that this statement has been examined by me and to the best of my knowledge is a true, correct, and complete statement.

Officer's Signature

Date

Telephone & Ext.

Name & Title

E-mail Address

ATTACH POLICY DOCUMENTATION WHICH VERIFIES ABOVE INFORMATION

Attach to this Statement and Mail to: SURPLUS LINE ASSOCIATION OF IDAHO (Address Above):

Stamping Fee Check payable to SLA

Policy Declaration & Endorsements