

SURPLUS LINE ASSOCIATION OF IDAHO, INC.

595 SOUTH 14TH STREET BOISE, ID 83702 208.336.2901 (Ph & Fax) www.idahosurplusline.org

INDEPENDENTLY PROCURED PREMIUM TAX STATEMENT

INSURED'S NAME _____

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 not through a licensed surplus line broker.** Delinquent filing and payment of taxes subjects insured to a penalty of 6% per annum, compounded annually. Idaho Code § 41-1211 and 41-1233.

S/L INS COMPANY NAME _____ POLICY # _____

S/L INS COMPANY ADDRESS _____

TYPE OF POLICY _____ EFF DATE of POLICY _____

IDAHO LOCATION OF RISK / INSURED _____

REASON THIS POLICY WAS NOT WRITTEN WITH AN AUTHORIZED INSURER _____

REASON THIS POLICY WAS NOT PLACED THRU A LICENSED S/L BROKER _____

ATTACH POLICY DOCUMENTATION WHICH VERIFIES ABOVE INFORMATION

1. PREMIUM PAID ON POLICY & ENDORSEMENTS
Include Policy Fees, Examination Fees, etc. \$ _____
 2. MULTIPLY LINE #1 BY THE IDAHO TAX RATE of 1.5% _____
 3. PLUS PENALTY, IF DUE (6% per annum) _____
- Check payable to IDAHO DEPARTMENT OF INSURANCE (Total of Lines 2 and 3) \$ _____**

MULTIPLY LINE #1 BY THE STAMPING FEE of .25%
Check payable to SURPLUS LINE ASSOCIATION OF IDAHO, INC \$ _____

**Canceled checks are your receipt.
\$20.00 charge on 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

Name & Title (Type or Print)

() _____

Telephone Ext.

E-Mail Address _____

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

✓ S/Fee Check payable to SLA ✓ Premium Tax Check payable to DOI ✓ Policy Declaration & Endorsements

SURPLUS LINE ASSOCIATION OF IDAHO, INC.

595 SOUTH 14TH STREET BOISE, ID 83702 208.336.2901 (Ph & Fax)

Wendy Tippetts, Manager
wendy@idahosurplusline.org

INSTRUCTIONS FOR COMPLETING AND FILING *INDEPENDENTLY PROCURED PREMIUM TAX STATEMENT*

1. **Premium Tax Statements are due within thirty (30) days of procurement** of insurance. Delinquent filing and payment of taxes will subject the insured to a penalty of six percent (6%) per annum, compounded annually. Idaho Code § 41-1233.
2. **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 will recognize an Independently Procured transaction. The insured – rather than a licensed broker – is then subject to provisions and penalties of Surplus Line Code and Rules.
3. All insurers underwriting the risk must be listed with the **Eligible Surplus Line Insurers (White List)** by the Idaho Department of Insurance. Contact this association or www.idahosurplusline.org for a current list.
4. **Documentation** (i.e. declaration page and endorsements) **must be attached to IP form**, verifying the accuracy of information reported on the form.
5. The insured's name and address must be complete as all forms, refunds and correspondence will be sent to this address.
6. The name and address of the insurer, type of policy, location of the risk insured, and effective date of the policy must be completed. Idaho Code § 41-1233.
7. **Explain why the risk was not placed with an authorized insurer *and* not through a licensed Surplus Line Broker.** Contact this office for Idaho S/L Brokers who perform courtesy filings.
8. **The IP Premium Tax Statement** must be signed and dated by an officer of the company. All questions concerning this Tax Statement will be directed to this individual; therefore, include a direct telephone number and extension.
9. Check for PREMIUM TAX is payable to State of Idaho Department of Insurance
Check for STAMPING FEE is payable to Surplus Line Association of Idaho, Inc.

MAIL TO SLA OF IDAHO: 2 CHECKS, TAX STATEMENT, & SUPPORTING DOCUMENTS
(ADDRESS ABOVE)