

***SURPLUS LINE ASSOCIATION OF IDAHO, INC.***  
***SUBMISSION FORM 101 – DESCRIPTION & FILING INSTRUCTIONS***

**SUBMISSION FORM 101 – REFERENCE BY LINE**

**Certificate Number -** The full and complete number taken from the policy declaration or certificate.

**Date Policy Received -** Policy must be submitted to SLA within 30 days of receipt by Surplus Line broker. Attach explanation if submitted after the 30 day window.

**1 & 2. Name of Filing Surplus Line Broker -** Please print clearly the name of the Idaho licensed Surplus Line broker. If non-resident, the license number is required in the space provided.

**3. Producing Agent -** The name of the resident or non-resident Idaho licensed producer who procured the coverage. If the producer is non-resident, the Idaho non-resident license number is required. If the filing Surplus Line Broker produced the business, repeat the name.

**4. Insurers -** List insurance company(s) underwriting the policy. If placed through a general agency, include that name and city also. Example: Underwriters at Lloyds of London through Northwest Underwriters, Portland, Oregon. All companies sharing in the risk and respective percentages must be listed – tallying 100%. Use an attached sheet if necessary. Only insurers on the Idaho Insurance Department's approved "White" list shall be used for Surplus Line placement.

**5. Name and Address of Insured -** The risk must be located, or partially located in Idaho for Idaho Surplus Line filing. Report only the amount of premium allocated to the Idaho portion of the risk.

**6. Open Lines for Export -** See Rule IDAPA 18 Chapter 18 for approved classes of risk. These classes may be placed with "White List S/L Carriers" without regard to rate/form/diligent search. If the risk does not appear on the "export" list, explain clearly on this line why the insured is placed with Surplus Line and execute the Affidavit of Diligent Search – lower portion of the 101 Form.

**7 & 8.** Self-explanatory but must be completed in full and the 101 signed by the S/L broker.

Submit all three copies of 101 Form to the Stamping Office with one (1) copy of each supporting document. Do not detach the 101 Form. The white original will be returned to the broker after verification by the SLA Stamping Office, a copy is retained by this office and a copy is forwarded to the Department of Insurance.

**AFFIDAVIT OF DILIGENT SEARCH** (Lower portion of Form 101)

- The Affidavit of Diligent Search is required & completed only when the risk is not approved for export
- Provide an accurate and complete description of the risk
- Producer or Surplus Line Broker must sign certifying that a diligent search of the admitted market was completed and those carriers declined the risk. Maintain a record of the admitted company declinations including NAME OF COMPANY, UNDERWRITER and DATE CONTACTED.
- Notary must imprint notary seal on all three copies of Form 101
- Surplus Line records must be maintained for a term of 5 years

# IDAHO SUBMISSION PROCEDURES - For PAPER FILING

Submission Forms 101 to properly report S/L placements to the Stamping Office and your "endorsement of contract" stamp will be sent to the broker upon receipt of his/her completed "Broker Member Licensee Report." SLA will forward this form upon notification of licensee by the Idaho Department of Insurance.

Strict adherence to the procedures for submission as outlined below will result in more efficient service by the Stamping Office. It will also insure compliance with the Idaho Insurance Code and S/L Rules and Regulations of the Department of Insurance.

## **NEW POLICY SUBMISSIONS AND RENEWALS - Refer to pg #3 for additional info**

- ◆ Submission Form 101 (three (3) copies) must be attached to:  
  
One (1) copy each of the certificate, renewal, binder, cover note, endorsements and other supporting documents. Do not submit more than one policy per 101 Form.
- ◆ The Affidavit of Diligent Search section of the 101 must be completed and notarized *only if* the risk does not appear on the Open Lines for Export List. . . See *Rule IDAPA 18, Chapter 18*.
- ◆ Submission must be forwarded to the Stamping Office within thirty (30) days of receipt by Surplus Line Broker.
- ◆ The *Endorsement of Contract Stamp* is required on the original policy face and on the policy copy sent to this office.

## **ENDORSEMENTS FILED SUBSEQUENT TO ORIGINAL POLICY**

- ◆ One (1) copy of each endorsement issued after a policy has been filed with the Stamping Office must be submitted.
- ◆ Form 101 is *not* submitted with endorsements issued during the policy term.
- ◆ All numbered endorsements and/or premium endorsements must be submitted.
- ◆ The name of the Surplus Line Broker & License # must appear on the endorsement for identification by SLA.
- ◆ The *Endorsement of Contract Stamp* is not required on endorsements – only on the policy face.
- ◆ The following must be identified on endorsements: Insured, Insurer, Certificate # and premium.
- ◆ Return or additional premium must be itemized on the insured's original and SLA copy as follows:

Premium - Additional or Return	_____	
Policy / Inspection Fees	_____	
State Tax	_____	2.75 % or 1.5% based on Eff date of Policy
Stamping Fee	_____	0.50 % or 0.25% based on Eff date of Policy

✘ *STAMPING FEE IS FULLY EARNED AND RETURNED ONLY ON FLAT CANCELLATIONS*

✘ *POLICY / INSPECTION FEES ARE DEEMED PREMIUM AND SUBJECT TO PREMIUM TAX PLUS STAMPING FEE*

## **FEES / TAXES**

- ◆ Stamping Fees are billed monthly by the Stamping Office. Do not prepay or send check for fees with the 101 Form.
- ◆ Your secure Broker Report can be accessed at [www.idahosurplusline.org](http://www.idahosurplusline.org) and provides a detailed log of processed submissions for any time period you select. Please review this report frequently and audit for discrepancies. Your monthly invoice of stamping fees is drawn from the Broker Report.
- ◆ Premium tax is billed annually and paid directly to the Department of Insurance. The Stamping Office will notify you of taxes due for the calendar year. The Department of Insurance will not accept prepayment of tax during the year.

**CERTIFICATE / DECLARATION PAGE / COVERNOTE**

- ◆ **The amount paid by the insured must be fully disclosed to the insured. Itemize in detail on the face of the original certificate or cover note and the SLA copy as follows:**

Premium	_____	
Policy / Inspection Fees	_____	
State Tax	_____	2.75 % or 1.5% based on Eff date of Policy
Stamping Fee	_____	0.50 % or 0.25% based on Eff date of Policy

- ✖ **POLICY / INSPECTION FEES ARE DEEMED PREMIUM AND SUBJECT TO PREMIUM TAX PLUS STAMPING FEE**
- ✖ **PREMIUM IS REPORTED ON THE PORTION OR PERCENTAGE OF THE RISK LOCATED IN IDAHO**

Policy Eff Date 12/31/2006 or before: Prem Tax = 2.75% Stamping Fee = .5% (.005)  
Policy Eff Date 01/01/2007 or later: Prem Tax = 1.50% Stamping Fee = .25% (.0025)  
Endorsements / Audits subject to tax & fee based on eff date of ORIGINATING policy

- ◆ **The Endorsement of Contract will be stamped in red ink and 10 pt bold type upon the face of the original and each copy of the certificate, renewal, binder or cover note stating:**

"This surplus line contract is issued pursuant to the Idaho Insurance Laws by an insurer not licensed by the Idaho Department of Insurance. There is no coverage provided for surplus line insurance by either the Idaho Insurance Guaranty Association or by the Idaho Life and Health Insurance Guaranty Association. " (Name & Broker Lic #) \_\_\_\_\_

**The Surplus Line Broker will add his/her name and Idaho Surplus Line license number to this endorsement.**

**AN ENDORSEMENT OF CONTRACT STAMP IS PROVIDED FOR THE BROKER'S USE BY THE STAMPING OFFICE.**

**IDAHO SURPLUS LINE CODE — [www3.state.id.us/idstat/TOC/41012KTOC.html](http://www3.state.id.us/idstat/TOC/41012KTOC.html)**

**IDAHO SURPLUS LINE RULES — <http://adm.idaho.gov/adminrules/rules/idapa18/18index.htm>**

***Refer to Rules:***      **[18.01.17 S/L Association Delegation of Responsibility](#)**  
                                 **[18.01.18 Open Lines for Export](#)**  
                                 **[18.01.52 Producer Fees](#)**  
                                 **[18.01.65 S/L Broker Requirements](#)**

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