

# **SURPLUS LINE ASSOCIATION OF IDAHO, Inc.**

**595 South 14<sup>th</sup> Street Boise, ID 83702 208.336.2901**

Carrie Negrette, Manager

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## **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](http://www.idahosurplusline.org).
  - If Insurer(s) is “Ineligible” *placement will require additional review by the Idaho Department of Insurance.*
- 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 PREEMIUM 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*)

Independently Procured by Insured with **Ineligible** Insurer (*Not Admitted nor on 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 or Ineligible 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**