GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE AND SECURITIES REGULATION

INSURANCE BUREAU
810 First St., N.E., Suite 701
Washington, D.C. 20002

SURPLUS LINES BROKERS PREMIUM TAX FILING INSTRUCTIONS

1. Pursuant to D.C. Official Code § 31-2502.40, **all licensed surplus lines brokers** must file a **notarized MONHLY REPORT OF UNAUTHORIZED BUSINESS**, even if there were no business written during the reporting period. **Only licensed surplus lines brokers are authorized to transact surplus lines business in the District of Columbia.**

2. **The MONHLY REPORT OF UNAUTHORIZED BUSINESS must be filed by the 10th of each month, following the month for which the report covers. The monthly report must be notarized.**

3. The name of the licensed surplus lines broker and the unauthorized lines license number must appear on all surplus lines brokers forms submitted to the Department of Insurance and Securities Regulation.

4. In addition to the **MONHLY REPORT OF UNAUTHORIZED BUSINESS,** surplus lines brokers are required to file two semiannual summary reports.
   - The first **SEMI-ANNUAL REPORT OF UNAUTHORIZED BUSINESS** is due August 10th. This report will cover premiums written for the period January 1 to June 30th .
   - The second **SEMI-ANNUAL REPORT OF UNAUTHORIZED BUSINESS** is due February 10th. This report will cover premiums written for the period July 1 to December 31st .

5. **Surplus Lines Brokers Premium Tax Rate**

   Pursuant to D.C. Official Code § 31-2502.40, surplus lines brokers are taxed at **2 % of gross premiums.**

6. **Semiannual Surplus Lines Brokers Premium Tax Payment**

   Pursuant to D.C. Official Code § 31-2502.40, surplus lines brokers are required to make two semiannual premium tax payments to the Department of Insurance and Securities Regulation. Surplus lines brokers premium tax checks should be made payable to the **D.C. TREASURER,** and the filing should be mailed to:

   D.C. Treasurer
   Department of Insurance and Securities Regulation
   Lockbox 92180
   Washington, D.C. 20090-2180

7. Questions concerning surplus lines brokers premium tax should be directed to Ms. Lana Craven at (202) 442-7791 or (202) 727-8000.

MONTHLY REPORT OF UNAUTHORIZED BUSINESS IN THE DISTRICT OF COLUMBIA

PLEASE NOTE: DO NOT COMBINE MONTHS

D.C. Treasurer
Department of Insurance and Securities Regulation
Lockbox 92180
Washington, D.C. 20090-2180
ATTN: LANA CRAVEN (202) 442-7791

We wish to report the following amounts written during the month_____ (Month), _____ (Year).

POLICY EFFECTIVE DATE	NAME AND ADDRESS OF INSURED	DESCRIPTION OF RISK	FACE AMOUNT OF INSURANCE	COMPANY NAME AND POLICY NO.	GROSS PREMIUM	PREMIUM RETURNED TO INSURED

PLEASE NOTE: COMPLETE ALL FIELDS
ALSO NEEDS TO BE NOTARIZED

IT IS FURTHER AFFIRMED THAT, AFTER DILIGENT EFFORT, WE ARE UNABLE TO PROCURE THE POLICY AND CONTRACTS REQUIRED TO WRITE THE RISK DESCRIBED IN THIS AFFIDAVIT FROM COMPANIES DULY LICENSED TO TRANSACT BUSINESS IN THE DISTRICT OF COLUMBIA.

UNAUTHORIZED LINES LICENSE NUMBER _____

Contact Person: _____ Phone No. : _____ Fax No.: _____ E-Mail: _____

_____
SIGNATURE OF LICENSEE

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR THE

_____ **THIS** _____ **DAY OF** _____.

_____
PRINT OR TYPE NAME OF LICENSEE

SEMI-ANNUAL REPORT OF UNAUTHORIZED BUSINESS IN THE DISTRICT OF COLUMBIA

D.C. Treasurer
Department of Insurance and Securities Regulation
Lockbox 92180
Washington, D.C. 20090-2180
ATTN: LANA CRAVEN (202) 442-7791

We wish to report the following amounts written during the months: January through June.

Months	Total Gross Premium	Tax @ 2%
January		
February		
March		
April		
May		
June		
Subtotal	_____	_____

UNAUTHORIZED LINES LICENSE NUMBER _____

_____
SIGNATURE OF LICENSEE

_____
PRINT OR TYPE NAME OF LICENSEE

SEMI-ANNUAL REPORT OF UNAUTHORIZED BUSINESS IN THE DISTRICT OF COLUMBIA

D.C. Treasurer
Department of Insurance and Securities Regulation
Lockbox 92180
Washington, D.C. 20090-2180
ATTN: LANA CRAVEN (202) 442-7791

We wish to report the following amounts written during the months: July through December.

Months	Total Gross Premium	Tax @2%
July		
August		
September		
October		
November		
December		
Subtotal	_____	_____

UNAUTHORIZED LINES LICENSE NUMBER _____

_____
SIGNATURE OF LICENSEE

_____
PRINT OR TYPE NAME OF LICENSEE