



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING**

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

**SURPLUS LINES BROKERS MONTHLY REPORT OF UNAUTHORIZED BUSINESS AND  
SEMI-ANNUAL PREMIUM TAX FILING INSTRUCTIONS**

1. Pursuant to D.C. Official Code § 31-2502.40, all licensed surplus lines brokers must file a **MONTHLY REPORT OF UNAUTHORIZED BUSINESS**. Only licensed surplus lines brokers are authorized to transact surplus lines business in the District of Columbia.
2. **The MONTHLY REPORT OF UNAUTHORIZED BUSINESS must be filed by the 10<sup>th</sup> of each month, following the month for which the report covers.**
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, Securities and Banking.
4. **NO BUSINESS WRITTEN** - Surplus Lines Producers are not required to file an affidavit for those months in which no reportable transactions occurred.
5. In addition to the **MONTHLY REPORT OF UNAUTHORIZED BUSINESS**, surplus lines brokers are required to file two semi-annual summary reports. These reports are required even if there are no reportable transactions.
  - ◆ The first **SEMI-ANNUAL REPORT OF UNAUTHORIZED BUSINESS** is due August 1st. This report will cover premiums written for the period January 1 to June 30<sup>th</sup>.
  - ◆ The second **SEMI-ANNUAL REPORT OF UNAUTHORIZED BUSINESS** is due February 1st. This report will cover premiums written for the period July 1 to December 31<sup>st</sup>.
6. **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**.

7. A penalty may be imposed or other regulatory action taken against a Surplus Line Producer for failing to remit an affidavit within 30 days of a previous calendar month in which reportable transactions occurred.

8. **Semi-annual Surplus Lines Brokers Premium Tax Payment**

The District of Columbia encourages the submission of Surplus Line premium tax payments through the [NAIC OPTins service](#). Surplus Line Producers' 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, Securities and Banking  
Lockbox 92180  
Washington, D.C. 20090-2180**

Questions concerning surplus lines brokers premium tax should be directed to Ms. Julia C. May at [julia.may@dc.gov](mailto:julia.may@dc.gov) or (202) 442-7842 or (202) 727-8000.



**MONTHLY REPORT OF UNAUTHORIZED BUSINESS  
IN THE DISTRICT OF COLUMBIA**

**D.C. Treasurer  
Department of Insurance, Securities and Banking  
Lockbox 92180  
Washington, D.C. 20090-2180  
ATTN: JULIA C. MAY**

**Month                      Year**

**We wish to report the following amounts written during the month \_\_\_\_\_, \_\_\_\_\_.**

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

\_\_\_\_\_  
**PRINT OR TYPE NAME OF LICENSEE**



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

**D.C. Treasurer  
Department of Insurance, Securities and Banking  
Lockbox 92180  
Washington, D.C. 20090-2180  
ATTN: JULIA C. MAY**

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

<u>Months</u>	<u>Total Gross Premium</u>	<u>Tax @ 2%</u>
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, Securities and Banking  
Lockbox 92180  
Washington, D.C. 20090-2180  
ATTN: JULIA C. MAY**

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

<u>Months</u>	<u>Total Gross Premium</u>	<u>Tax @2%</u>
<b>July</b>		
<b>August</b>		
<b>September</b>		
<b>October</b>		
<b>November</b>		
<b>December</b>		
<b>Subtotal</b>	_____	_____

**UNAUTHORIZED LINES LICENSE NUMBER \_\_\_\_\_**

\_\_\_\_\_  
**SIGNATURE OF LICENSEE**

\_\_\_\_\_  
**PRINT OR TYPE NAME OF LICENSEE**