



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 notarized 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 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, Securities and Banking.
4. In addition to the **MONTHLY REPORT OF UNAUTHORIZED BUSINESS**, surplus lines brokers are required to file two semi-annual summary reports.
 - ◆ 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 30th.
 - ◆ 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 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. **Semi-annual Surplus Lines Brokers Premium Tax Payment**
Pursuant to D.C. Official Code § 31-2502.40, surplus lines brokers are required to make two semi-annual premium tax payments to the Department of Insurance, Securities and Banking. 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, Securities and Banking
Lockbox 92180
Washington, D.C. 20090-2180**
7. Questions concerning surplus lines brokers premium tax should be directed to Ms. Julia C. May at (202) 442-7842 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, Securities and Banking
Lockbox 92180
Washington, D.C. 20090-2180
ATTN: JULIA C. MAY (202) 442-7842**

We wish to report the following amounts written during the month _____, _____.

<u>POLICY EFFECTIVE DATE</u>	<u>NAME AND ADDRESS OF INSURED</u>	<u>DESCRIPTION OF RISK</u>	<u>FACE AMOUNT OF INSURANCE</u>	<u>COMPANY NAME AND POLICY NO.</u>	<u>GROSS PREMIUM</u>	<u>PREMIUM RETURNED TO INSURED</u>
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**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, Securities and Banking
Lockbox 92180
Washington, D.C. 20090-2180
ATTN: JULIA C. MAY (202) 442-7842**

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 (202) 442-7842**

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>
July		
August		
September		
October		
November		
December		
Subtotal	_____	_____

UNAUTHORIZED LINES LICENSE NUMBER _____

SIGNATURE OF LICENSEE

PRINT OR TYPE NAME OF LICENSEE