

QUARTERLY SURPLUS LINES INSURANCE STATEMENT**

Name of Surplus Lines Broker/Agent: _____

Address _____

** = the total of all quarters must be equal to the total of the Surplus Lines Annual Statement due during renewal –both on the total premiums and total 4% GRT and 2% Assessment paid.

QUARTER PERIOD COVERED: June/Jul/Aug _____ Sep/Oct/Nov _____ Dec/Jan/Feb _____ Mar/Apr/May _____
 (due date: Sept 30th) (due date: Dec 31st) (due date: Mar 31st) (due date: June 30th)

Name of Insured	Policy Number	Policy Date	Policy Term	Name of Surplus Insurance/Address	Amount of Insurance	Premiums Written	Premiums Earned	4% Gross Receipt Tax	2% Assessment

1. Surplus Lines Broker shall file and submit this **Surplus Lines Broker’s Statement** with the required monthly filing of Gross Receipts (premium) tax whenever payment is made for and on behalf of a Surplus Lines Insurer. **Copy of GRT filings & 2% assessments receipts for the quarter must be attached.**
2. Each **Surplus Lines Broker’s Statement** must be signed before a Notary Public by the Surplus Lines Broker involved in the placement of coverage.

THE SURPLUS LINES BROKER WHOSE SIGNATURE APPEARS BELOW AFFIRMS THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND CORRECT.

Name of Surplus Lines Broker/Agent: _____

Contact # and Email Address: _____

Surplus Lines Broker License No. _____

Surplus Lines Broker NPN #: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

Filename: *quarterly surpluslinestatement(mydocs-surpluslinesfolder)(w)*