YEARLY SURPLUS LINES INSURANCE STATEMENT

JUNE _____ to MAY _____

(data for preceding calendar year due during renewal in June of each year)

Name of Surplus Lines Broker _____

Address: _____

NAME OF INSURED	POLICY			Name of Surplus Lines Ins & Home Office Address	Amount of Insurance	Premium Written	TOTAL GRT and ASSESMENT PAID	
	Number	Inception	Expiration				Commercial & *** Industrial Liability-2%	GROSS RECEIPT*** TAX
TOTAL FOR THE YEAR								

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upload the following documents along with the following:

receipts for 2% payments

recipts for GRT Tax payments

copy of previous year's approval of surplus lines request letter.

***the total for the year must reflect to the total premiums reported for the assessment of 2% tax premiums for commercial & industrial liability (10 GCA §45200 (b) and Gross Receipt Tax (11 GCA §26202).