

STATE OF IDAHO  
 DEPARTMENT OF INSURANCE  
 700 WEST STATE STREET, 3rd FLOOR  
 PO BOX 83720  
 BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY	
0560	
1315-10	_____
TOTAL	

**2015 STATEMENT OF PREMIUM TAXES  
 IDAHO RESIDENT & NON-RESIDENT  
 SURPLUS LINE BROKERS**

IDAHO S/L BROKER NUMBER			
S/L BROKER'S NAME		FOR CALENDAR YEAR ENDING <b>DECEMBER 31, 2015</b> AS REPORTED WITH THE IDAHO SURPLUS LINE ASSOCIATION	
AGENCY NAME FILING ON BROKERS BEHALF			
MAILING ADDRESS	CITY	STATE	ZIP CODE

Reference: Idaho Code § 41-1229 and 41-1230.

**Check Box for Refund Return.**

- **LINE 1 AND 2 MUST AGREE WITH THE IDAHO SURPLUS LINE YEARLY SUMMARY REPORT TOTAL.**
- **Log into [www.idahosurplusline.org](http://www.idahosurplusline.org) to download your annual summary.**

1. Net premiums written and reported in 2015, exclusive of sums collected to cover stamping fees and taxes. \$ \_\_\_\_\_
2. Premium tax amount due MUST agree with Idaho Surplus Line Broker summary report total. (Attach explanation if different) (tax rate 1.50%) \$ \_\_\_\_\_
3. Plus penalty, if due (\$25.00 per day of delinquency - Idaho Code § 41-1230). \$ \_\_\_\_\_
4. TOTAL TAXES AND PENALTIES DUE MARCH 1, 2016. \$ \_\_\_\_\_

Make your check payable to: **Idaho Department of Insurance.**

**MAIL TO:** 700 West State Street, 3rd Floor, Boise, ID 83720-0043

There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105.

Your canceled check is your receipt.

- **DO NOT SEND THIS FORM TO THE SURPLUS LINE ASSOCIATION.**

By my signature below, being duly sworn upon oath, I declare that the premium tax report is a complete, true and correct statement of all premiums and fees on business reported to and processed by The Surplus Line Association of Idaho, Inc. during the year ending December 31, 2015 as evidenced by the SLA-Idaho transaction report posted under my Idaho Surplus Line broker license. I declare that I have reported all applicable Idaho policy transactions during the calendar year to SLA-Idaho as required by IDAPA18.01.65 (13.02) AND 18.01.65(18).

\_\_\_\_\_  
 Contact Person

\_\_\_\_\_  
 Signature of Surplus Line Broker or  
 Authorized Representative for the broker

\_\_\_\_\_  
 Telephone Number      Ext.

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Date