



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
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STEVEN M. GOLDMAN  
*Commissioner*

**BULLETIN NO. 09-21**

**TO: ALL SURPLUS LINES AGENTS AND INSUREDS REQUIRED TO FORWARD PREMIUM RECEIPTS TAX PURSUANT TO N.J.S.A. 17:22-6.59 and 17:22-6.64**

**FROM: STEVEN M. GOLDMAN, COMMISSIONER**

**RE: CHANGES TO SURPLUS LINES PREMIUM TAX RATES**

Amendments to N.J.S.A. 17:22-6.59 and 17:22-6.64 were enacted on June 29, 2009 which change the premium tax rate on surplus lines insurance from three percent to five percent. In addition, N.J.S.A. 17:22-6.59 was amended to provide that, where applicable, three percent of the premium receipts tax covering fire insurance shall be paid to the Treasurer of the New Jersey State Firemen's Association and the remaining two percent of the premium receipts tax shall be forwarded to the Commissioner of Banking and Insurance.

The statutory changes outlined above necessitate changes to the surplus lines premium receipts tax forms and instructions related thereto for submission of quarterly surplus lines premium taxes by producers set forth in the Appendix to N.J.A.C. 11:19-3, and for out-of State placements, which utilize the forms for direct placements set forth on the Department of Banking and Insurance ("Department") website. Surplus lines agents and insureds required to submit premium receipts tax should utilize the revised forms and instructions attached hereto for the submission of premium taxes beginning with the 3rd quarter (July 1, 2009 through September 30, 2009), and thereafter. The Department is developing proposed amendments to N.J.A.C. 11:19-3 to reflect the current statutory requirements.

Filings not conforming with the new rates and forms will be returned to filer.

Any questions may be directed to the Surplus Lines Examining Office by phone at: (609) 292-5350 x50088 or x50106, or by e-mail to [william.leach@dobi.state.nj.us](mailto:william.leach@dobi.state.nj.us) or [steven.zalewitz@dobi.state.nj.us](mailto:steven.zalewitz@dobi.state.nj.us).

July 1, 2009  
Date

/s/ Steven M. Goldman  
Steven M. Goldman  
Commissioner

JC09-06/inoord

**STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE  
THE SURPLUS LINES EXAMINING OFFICE  
P.O. Box 325, Trenton, NJ 08625-0325**

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**INSTRUCTIONS FOR COMPLETING LICENSED NEW JERSEY  
SURPLUS LINES PRODUCER QUARTERLY TAX RETURN**

**INTRODUCTION**

*(Revised July, 2009)*

Effective with the adoption of N.J.A.C. 11:19-3 the Surplus Lines Unit automated its operations through the implementation of the Surplus Lines Processing Subsystem (SLPS) of the Department of Insurance's Financial Examinations Monitoring System (FEMS). The system was designed to simplify activities for both the Surplus Line Unit and you, the Surplus Lines Producer. However the success of this system is dependent on full compliance and cooperation from you and your agency. Failure to cooperate will diminish the system's effectiveness and result in additional work for both parties. Before any forms can be completed, you must fully understand the basic rules involved in filing a surplus lines producer quarterly tax return. They are listed as follows:

**Rule #1 - YOU MUST READ AND FOLLOW THE INSTRUCTIONS EXACTLY AS THEY ARE EXPLAINED!**

**Rule #2 - YOU MUST COMPLETE EVERY LINE ON THE TAX RETURN AS INSTRUCTED!**

**Rule #3 - YOU MUST COMPLETE AND INCLUDE EVERY FORM AS INSTRUCTED WITH EACH QUARTERLY FILING!**

**Rule #4 - YOU MUST PUT THE TAX RETURN FORMS IN THE REQUIRED ORDER!**

**Rule #5 – PLACEMENTS EFFECTIVE PRIOR TO 7/1/09 MUST BE SEPARATED FROM BUSINESS EFFECTIVE ON OR AFTER 7/1/09 ON THE SLPS-3-TRS (SEE INSTRUCTION FOR COMPLETING THE SLPS-3-TRS)!**

Failure to comply with any of these rules will result in non-filer status for you and your agency. Your tax return will be sent back to you and the Surplus Lines Unit will have no record of receiving it. If it has to be returned, your resubmission will be subject to the penalties of a late filing. **IF YOU HAVE ANY QUESTIONS, PLEASE CALL ONE OF THE EXAMINERS AT THE SURPLUS LINES EXAMINING OFFICE!** If you need personal assistance, you may also schedule an appointment to meet with an examiner in the Trenton Office. We are here to help you so feel free to call us at (609) 292-5350, Ext. 50106.

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**COMPLETING THE TAX RETURN**

A complete New Jersey Surplus Lines Producer Quarterly Tax Return consists of the following forms:

1. Check Transmittal Form
2. SLPS-1-TAX (Tax Return and Certified Account by Surplus Lines Producer)
3. SLPS-2-FRA (Schedule Showing Fire Premiums and Taxes Payable to New Jersey State Firemen's Association)
4. SLPS-3-TRS (Schedule to Support Tax Returns)

THESE FORMS MUST BE STAPLED TOGETHER OR OTHERWISE ATTACHED AND FILED IN THE ORDER LISTED ABOVE! For example, the Check Transmittal Form will **always** be the top form in the tax return filing. SLPS-1-TAX will **always** be second, and so on.

Forms must be completed as necessary to support the Tax Return and Certified Account by the Surplus Lines Producer. For example, if a surplus lines producer does not place any Fire business, then that producer does not need to complete SLPS-2-FRA. It is important to note that no line item should be left blank. If there is an item that is not applicable, you must enter either "0" for a numeric entry, or "N/A" for an alpha entry. Always make sure that you check each form carefully to determine that all lines are completed as required. Additionally, return (negative) premiums should always be shown using parentheses. Also, all monetary figures must be reported to the cent. Rounding is not permitted.

It is suggested that you use these instructions as a checklist until completely familiar with the requirement of each of the three (3) forms.

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**I. SLPS-1-TAX (Tax Return and Certified Account by Surplus Lines Producer)**

- **THIS FORM IS NOT REQUIRED IF NO BUSINESS IS PRODUCED!**

- A.** Print your assigned SLA number in the five boxes provided in the upper left corner of the form. Lead zeros **must** be printed in the boxes not used, *i.e.*, *SLA #003 would now be shown as 00003, SLA #125A would be shown as 0125A*. EVERY BOX MUST CONTAIN A CHARACTER!
- B.** Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter and inserting the last two (2) digits of the year as shown at the top of the form.
- C.** Provide the name under which you do business on **Line 1** of the form. This should be **agency name** for an organization's tax return; **your name** (as it appears on your license) for an individual tax return.
- D.** Provide the location of your principal place of business on **Line 2** of the form. The Surplus Lines Examining Office should be able to contact you by phone and by mail at this address.
- E.** Provide the phone number for the organization or a number where you may be contacted during the day on **Line 3** of the form. For organizations, this phone number should be the number listed for the address given on **Line 2**.

**Section A: Taxes Payable to the New Jersey State Firemen's Associations**

- F.** Provide the total taxable Fire premiums (policies effective after 6/30/09) written for the quarter on **Line 5 column A** of the form. On property policies, only the portion of the premium allocable to Fire should be included on this line. If no Fire premiums are written, then enter a "0" on this line. **(Verify amount with last page of the SLPS-3-TRS column 7 (Premium Fire) for taxable premiums for business effective after 6/30/09).**

- G. Multiply the total taxable Fire premiums entered on **Line 5 column A** by **Line 5 column B**, and enter this amount on **Line 5 column C** of the form.. Again, if no Fire premiums are written, enter a “0” on **Line 5 column C**.
- H. Provide the amount of any prior period credit applicable (if any) on **Line 5 column D** of the form. (Please refer to prior quarter’s tax return **Line 5 column E** for any credits)
- I. Subtract the amount shown on **Line 5 column D** from the amount shown on **Line 5 column C** and enter the result on **Line 5 column E** of the form.
- J. Provide the total taxable Fire premiums (policies effective prior to 7/1/09) written for the quarter on **Line 6 column A** of the form. On property policies, only the portion of the premium allocable to Fire should be included on this line. If no Fire premiums are written, then enter a “0” on this line. **(Verify amount with last page of the SLPS-3-TRS column 7 (Premium Fire) for business effective prior to 7/1/09).**
- K. Multiply the total taxable Fire premiums entered on **Line 6 column A** by **Line 6 column B**, and enter this amount on **Line 6 column C and Line 6 column E** of the form.. Again, if no Fire premiums are written, enter a “0” on **Line 6 column C and Line 6 column E**.
- L. **Add** the amount shown on **Line 5 column E** with the amount shown on **Line 6 column E** and enter the result on **Line 7 column E** of the form.
- M. Draw a check, made payable to the “**New Jersey State Firemen’s Association**” for the amount shown on **Line 7 column E** of the form. **This check should be forwarded to the New Jersey Firemen’s Association** (see section II – SLPA-2-FRA). Attach a **Copy** of this check to your completed tax return that will be sent to the Surplus Lines Examining Office as detailed under the “Introduction” section.

**Section B: Taxes Payable to the State of New Jersey**

- N. Provide the total taxable Fire premiums (policies effective after 6/30/09) written for the quarter on **Line 8 column A** of the form. (Please note this is the same amount shown on **Line 5 Column A**). On property policies, only the portion of the premium allocable to Fire should be included on this line. If no Fire premiums are written, then enter a “0” on this line. **(Verify amount with last page of the SLPS-3-TRS column 7 (Premium All Other) for taxable premiums for business effective after 6/30/09).**
- O. Multiply the total taxable Fire premiums entered on **Line 8 column A** by **Line 8 column B**, and enter this amount on **Line 8 column C and Line 8 column E** of the form.. Again, if no Fire premiums are written, enter a “0” on **Line 8 column C and Line 8 column E**.
- P. Provide the total **taxable** “All Other” premiums (policies effective after 6/30/09) written for the quarter on **Line 9 column A** of the form. Simply stated, “All Other” premiums include any premiums that are not Fire premiums (*e.g. Allied Lines and Casualty premiums are “All Other”*). If no other “All Other” premiums are produced, then enter a “0” on **Line 9 column A** (**Verify amount with last page of the SLPS-3-TRS column 7 (Premium All Other) for taxable premiums for business effective after 6/30/09.**

- Q. Multiply the total taxable “All Other” premiums entered on **Line 9 column A** by **Line 9 column B**, and enter this amount on **Line 9 column C** of the form.. Again, if no “All Other” premiums are written, enter a “0” on **Line 9 column C**.
- R. Provide the amount of any prior period credit applicable (if any) on **Line 9 column D** of the form. (Please refer to prior quarter’s tax return **Line 11 column E** for any credits)
- S. Subtract the amount shown on **Line 9 column D** from the amount shown on **Line 9 column C** and enter the result on **Line 9 column E** of the form.
- T. Provide the total **taxable** “All Other” premiums (policies effective prior 7/1/09) written for the quarter on **Line 10 column A** of the form. Simply stated, “All Other” premiums include any premiums that are not Fire premiums (*e.g. Allied Lines and Casualty premiums are “All Other”*). If no other “All Other” premiums are produced, then enter a “0” on **Line 10 column A** (**Verify amount with last page of the SLPS-3-TRS column 7 (Premium All Other) for taxable premiums for business effective prior 7/1/09**).
- U. Multiply the total taxable Fire premiums entered on **Line 10 column A** by **Line 10 column B**, and enter this amount on **Line 10 column C** and **Line 10 column E** of the form.. Again, if no Fire premiums are written, enter a “0” on **Line 10 column C** and **Line 10 column E**.
- V. **Add** the amount shown on **Line 8 column E**, **Line 9 column E** and **Line 10 column E** and enter the result on **Line 11 column E** of the form.
- W. Draw a second check, made payable to the “**State of New Jersey**,” for the amount shown on **Line 11 column E** of the form. This check will be attached to your completed tax return and sent to the Surplus Lines Examining Office as detailed in the “Introduction” section.

**Section C: Non-taxes Payable Premiums**

- X. Provide the total **non-taxable** Fire premiums (policies effective after 6/30/09) written on **Line 12 column A** of the form. If no non-taxable Fire Premiums are written, then enter a “0” on **Line 12 column A**. (**Verify amount with last page of the SLPS-3-TRS column 7 (Premium Fire) for non-taxable premiums for business effective after 6/30/09**).
- Y. Provide the total **non-taxable** “All Other” premiums (policies effective after 6/30/09) written on **Line 13 column A** of the form. If no non-taxable “All Other” premiums are written, then enter a “0” on **Line 13 column A**. (**Verify amount with last page of the SLPS-3-TRS column 7 (Premium All Other) for non-taxable premiums for business effective after 6/30/09**).
- Z. Add the total non-taxable Fire premiums entered on **Line 12 column A** to the total non-taxable “All Other” premiums entered on **Line 13 column A** and enter this amount on **Line 14 column A** of the form.
- AA. Provide the total **non-taxable** Fire premiums (policies effective prior 7/1/09) written on **Line 12 column B** of the form. If no non-taxable Fire Premiums are written, then enter a “0” on **Line 12 column B**. (**Verify amount with last page of the SLPS-3-TRS column 7 (Premium Fire) for non-taxable premiums for business effective prior 7/1/09**).
- BB. Provide the total **non-taxable** “All Other” premiums (policies effective prior 7/1/09) written on **Line 13 column B** of the form. If no non-taxable “All Other” premiums are written, then enter a “0” on **Line 13 column B**. (**Verify amount with last page of the**

**SLPS-3-TRS column 7 (Premium All Other) for non-taxable premiums for business effective prior 7/1/09).**

- CC.** Add the total non-taxable Fire premiums entered on Line 12 column B to the total non-taxable "All Other" premiums entered on Line 13 column B and enter this amount on Line 14 column B of the form.
- DD.** Add the amounts entered on Line 12 column A and Line 12 column B and enter this amount on Line 12 column C of the form.
- EE.** Add the amounts entered on Line 13 column A and Line 13 column B and enter this amount on Line 13 column C of the form.
- FF.** Add the amounts entered on Line 14 column A and Line 14 column B and enter this amount on Line 14 column C of the form.
- GG.** Type or print the contact person's name and telephone number..
- HH.** Type or print your name and title, and sign and date the form on the lines provided at the bottom.

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**II. SLPS-2-FRA (Schedule Showing Fire Premiums and Taxes Payable to New Jersey Firemen's Association)**

- **THIS FORM IS NOT REQUIRED IF NO FIRE PREMIUMS ARE WRITTEN AND/OR NO BUSINESS IS PRODUCED!**
- A.** Print your assigned SLA number in the five boxes provided in the upper left corner of the form. Remember, lead zeroes must be used, and all boxes must contain a digit or character.
- B.** Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter and inserting the last two (2) digits of the year as shown under the SLA number.
- C.** Provide the name under which you do business on the line provided. This should be the same as the name listed on Line 1 of SLPS-1-TAX.
- D.** Enter the page number and the total number of SLPS-2-FRA pages in the appropriate lines at the upper right corner of the form.
- E.** Provide a three digit ISO code number for the municipality that corresponds with the location of the risk and enter it in the column marked "ISO Code". The ISO code can be found on the surplus lines website <http://www.state.nj.us/dobi.sleo.htm>.
- F.** Enter the municipality or appropriate fire district in the column marked "Location and Risk".
- G.** Enter the zip code of the location in the column marked "Zip Code".
- H.** Provide the Fire premium amount for the policy and enter it in the column marked "Premium". For property policies, include in this column **only** the portion of the premium allocable to Fire. **YOU MUST USE PARENTHESES AROUND A NUMBER TO INDICATE A RETURN PREMIUM! Do NOT use a minus (-) sign! e.g. use (\$123.00) instead of -\$123.00.**
- I.** Multiply the amount in the Premium column by three percent (3%) and enter this amount in the column marked "FRA Tax".
- J.** Repeat the above steps each individual placement where Fire premiums are written. If

you need additional space, use extra SLPS-2-FRA sheets and number them consecutively as necessary. Keep a cumulative total in the total boxes at the bottom right corner of the form.

- K.** After verifying all entries, mail the completed form(s), along with a check made payable to the “**New Jersey State Firemen’s Association**” for the amount of three percent (3%) of the total Fire premiums (as shown on Line 6(a) of SLPS-1-TAX), to the New Jersey State Firemen’s Association, 1700 Galloping Hill Road Kenilworth, NJ 07033-1303. Attach a **copy** of the form(s), Together with a **photocopy** of your check, to the tax return that will be sent to the Surplus Lines Examining Office as detailed under the “Introduction” section.

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### III. SLPS-3-TRS (Schedule to Support Tax Returns)

- **THIS FORM IS NOT REQUIRED IF NO BUSINESS IS PRODUCED!**

#### SECTION A – BUSINESS WITH EFFECTIVE DATES ON OR AFTER 7/1/09

1. Print our assigned SLA number in the five boxes provided in the upper left corner of the form. Remember, lead zeros must be used, and all boxes must contain a digit or character.
2. Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter, and inserting the last two (2) digits of the year.
3. Provide the name under which you do business on the Line provided. This should be the same as the name listed on Line 1 of SLPS-1-TAX.
4. Enter the page number and the **total number of SLPS-3-TRS pages** in the appropriate lines at the upper right corner of the form.
5. Enter the transaction number assigned to the individual placement in the seven (7) boxes provided in Column 1 of the form. The first **two digits** of the transaction number indicate **the year** in which the placement occurred, *i.e., if the placement occurred in the year 1998, then the first two digits of the transaction number would be “98”*. The remaining five digits of the transaction number represent a sequential number, assigned by you, indicating the order in which the placement occurred during the calendar year. *For example, the first placement of the year would be numbered 00001, the second placement would be 00002, and so on up to 99,999.* **EVERY BOX MUST CONTAIN A DIGIT!** Remember to always use lead zeros when the sequential number is *less than five (5) digits*. **The system will NOT accept alpha suffixes to transaction numbers.**
6. Indicate the premium type code in Column 2 of the form. The premium type codes are “N”For **new** and **renewal** premiums; “A” for **additional** premiums; and “R” for **return** premiums. “N”, “A” and “R” premiums must be listed on a separate page(s). Do NOT put “N”, “A” and “R” premiums on the same page. **YOU MUST USE A SEPARATE PAGE(S) FOR NEW AND RENEWAL, A SEPARATE PAGE(S) FOR ADDITIONAL, AND A SEPARATE PAGE(S) FOR RETURNS.** “N”, “A” and “R” coded pages must be listed in this order.
7. Provide the name of the insured as shown on the policy in Column 3 of the form.
8. Enter the policy number of the placement in the boxes provided in Column 4 of the form. Start with the first box on the left and use as many boxes as necessary. The policy number may be alphanumeric. It is important to enter the policy number exactly as it appears on the policy, including spaces. **YOU MUST LEAVE A BLANK BOX ON THE FORM TO INDICATE A SPACE BETWEEN CHARACTERS!** Always be sure to check for any errors.
9. Enter the effective dates of the placement in Column 5 of the form, using a slash(/) between month, day, and year, which are two (2) digits each. *For example, April 5, 2003 would be entered as 04/05/03.*
10. Indicate the insurance company which issued the policy by entering its corresponding NAIC or ISI number in the boxes provided in Column 6 of the form. The NAIC number is **five** digits in length,

and is used only by foreign insurance companies (those licensed in a U.S. jurisdiction). The ISI number (which is distinguished by its prefix, "AA") is **nine** characters in length, and is used only by alien (overseas) insurance companies. A list of each surplus lines insurer currently eligible in New Jersey and its respective NAIC/ISI number is included with these instructions. **NOTE:** When entering the five digit NAIC number, start at the left and use only the required amount of boxes. That is, enter the five digits in the first five boxes and leave the remaining boxes blank.

11. Provide the Fire premium amount, if any, and enter it in the column marked "Fire" under Column 7 of the form.
12. Enter the "All Other" premium amount, if any, in the column marked "All Other" under Column 7 of the form.
13. Repeat the above steps for each individual placement or transaction. If you need additional space, use extra SLPS-3-TRS sheets and number them as necessary. Keep a cumulative total in the total boxes at the bottom right corner of the form, *e.g., page 2 totals should be the page 1 totals plus page 2 totals; page 3 totals should be the page 1 totals plus page 2 totals plus page 3, etc.*
14. **Carry the cumulative totals for Fire premium to lines 5 column A and line 8 column A on SLPS-1-TAX Form. Additionally, carry the cumulative totals for "All other" premium to lines 9 column A on SLPS-1-TAX Form.**
15. If the premium is non-taxable, then enter a "Y" in the column marked "N/T". Otherwise, leave this column blank. As with new and renewal, additional, and return premiums, **YOU MUST GROUP ALL NON-TAXABLE PREMIUMS ON A SEPARATE PAGE(S)!** In other words, indicate the premium type code in Column 2 of the form. Remember, the codes are "N" for new and renewal premiums; "A" for additional premiums, and "R" for return premiums. **DO NOT** put "N", "A" and "R" premiums on the same page. **YOU MUST USE A SEPARATE PAGE(S) FOR NEW AND RENEWAL, A SEPARATE PAGE(S) FOR ADDITIONAL AND A SEPARATE PAGE(S) FOR RETURNS.** "N", "A" and "R" coded non-taxable page must be listed in this order.
16. Repeat the above steps for each individual non-taxable placement of transaction. If you need additional space use extra SLPA-3-TRS sheets and number them as necessary. Again, as with taxable business, keep a cumulative total for non-taxable business in the total boxes at the bottom right corner of the form, *e.g., the second page totals (non-taxable)*
17. *should be the first page totals plus second page totals; the third page totals should be totals of the first three pages (non-taxable), etc.* **Carry the cumulative totals to lines 12 column A and line 13 column A on the SLPS-TAX form**

## **SECTION B – BUSINESS WITH EFFECTIVE DATES PRIOR TO 7/1/09**

1. Print our assigned SLA number in the five boxes provided in the upper left corner of the form. Remember, lead zeros must be used, and all boxes must contain a digit or character.
2. Indicate the quarter and year of the tax return by circling the appropriate number to designate the calendar quarter, and inserting the last two (2) digits of the year.
3. Provide the name under which you do business on the Line provided. This should be the same as the name listed on Line 1 of SLPS-1-TAX.
4. Enter the page number and the **total number of SLPS-3-TRS pages** in the appropriate lines at the upper right corner of the form.
5. Enter the transaction number assigned to the individual placement in the seven (7) boxes provided in Column 1 of the form. The first **two digits** of the transaction number indicate **the year** in which the placement occurred, *i.e., if the placement occurred in the year 1998, then the first two digits of the transaction number would be "98"*. The remaining five digits of the transaction number represent a sequential number, assigned by you, indicating the order in which the placement occurred during the calendar year. *For example, the first placement of the year would be numbered 00001, the second placement would be 00002, and so on up to 99,999.* **EVERY BOX MUST**



*CONTAIN A DIGIT!* Remember to always use lead zeros when the sequential number is *less than five (5) digits*. **The system will NOT accept alpha suffixes to transaction numbers.**

6. Indicate the premium type code in Column 2 of the form. The premium type codes are “N” For **new** and **renewal** premiums; “A” for **additional** premiums; and “R” for **return** premiums. “N”, “A” and “R” premiums must be listed on a separate page(s). Do NOT put “N”, “A” and “R” premiums on the same page. **YOU MUST USE A SEPARATE PAGE(S) FOR NEW AND RENEWAL, A SEPARATE PAGE(S) FOR ADDITIONAL, AND A SEPARATE PAGE(S) FOR RETURNS.** “N”, “A” and “R” coded pages must be listed in this order.
7. Provide the name of the insured as shown on the policy in Column 3 of the form.
8. Enter the policy number of the placement in the boxes provided in Column 4 of the form. Start with the first box on the left and use as many boxes as necessary. The policy number may be alphanumeric. It is important to enter the policy number exactly as it appears on the policy, including spaces. **YOU MUST LEAVE A BLANK BOX ON THE FORM TO INDICATE A SPACE BETWEEN CHARACTERS!** Always be sure to check for any errors.
9. Enter the effective dates of the placement in Column 5 of the form, using a slash(/) between month, day, and year, which are two (2) digits each. *For example, April 5, 2003 would be entered as 04/05/03.*
10. Indicate the insurance company which issued the policy by entering its corresponding NAIC or ISI number in the boxes provided in Column 6 of the form. The NAIC number is **five** digits in length, and is used only by foreign insurance companies (those licensed in a U.S. jurisdiction). The ISI number (which is distinguished by its prefix, “AA”) is **nine** characters in length, and is used only by alien (overseas) insurance companies. A list of each surplus lines insurer currently eligible in New Jersey and its respective NAIC/ISI number is included with these instructions. **NOTE:** When entering the five digit NAIC number, start at the left and use only the required amount of boxes. That is, enter the five digits in the first five boxes and leave the remaining boxes blank.
11. Provide the Fire premium amount, if any, and enter it in the column marked “Fire” under Column 7 of the form.
12. Enter the “All Other” premium amount, if any, in the column marked “All Other” under Column 7 of the form.
13. Repeat the above steps for each individual placement or transaction. If you need additional space, use extra SLPS-3-TRS sheets and number them as necessary. Keep a cumulative total in the total boxes at the bottom right corner of the form, *e.g., page 2 totals should be the page 1 totals plus page 2 totals; page 3 totals should be the page 1 totals plus page 2 totals plus page 3, etc.*
14. **Carry the cumulative totals for Fire premium to lines 6 column A on SLPS-1-TAX Form. Additionally, carry the cumulative totals for “All other” premium to lines 10 column A on SLPS-1-TAX Form.**
15. If the premium is non-taxable, then enter a “Y” in the column marked “N/T”. Otherwise, leave this column blank. As with new and renewal, additional, and return premiums, **YOU MUST GROUP ALL NON-TAXABLE PREMIUMS ON A SEPARATE PAGE(S)!** In other words, indicate the premium type code in Column 2 of the form. Remember, the codes are “N” for new and renewal premiums; “A” for additional premiums, and “R” for return premiums. **DO NOT** put “N”, “A” and “R” premiums on the same page. **YOU MUST USE A SEPARATE PAGE(S) FOR NEW AND RENEWAL, A SEPARATE PAGE(S) FOR ADDITIONAL AND A SEPARATE PAGE(S) FOR RETURNS.** “N”, “A” and “R” coded non-taxable page must be listed in this order.
16. Repeat the above steps for each individual non-taxable placement of transaction. If you need additional space use extra SLPA-3-TRS sheets and number them as necessary. Again, as with taxable business, keep a cumulative total for non-taxable business in the total boxes at the bottom right corner of the form, *e.g., the second page totals (non-taxable)*
17. *should be the first page totals plus second page totals; the third page totals should be totals of the first three pages (non-taxable), etc.* **Carry the cumulative totals to lines 12 column B and line 13 column B on the SLPS-TAX form**

## PROCEDURES FOR FILING THE TAX RETURN

The three (3) forms with required copies, completed and attached together in the correct order, comprise a complete tax return filing. This package should be properly stapled together or secured with a rubber band. A **complete, separate duplicate** copy of this filing **must** also be included. This separate duplicate copy should also be properly stapled together or secured with a rubber band. The tax return is to be filed with the Surplus Lines Examining Office on or before the 45<sup>th</sup> day after the close of the calendar quarter. Therefore, they must be mailed **on or before** May 15<sup>th</sup>, August 14<sup>th</sup>, November 14<sup>th</sup> and February 14<sup>th</sup> for the first, second third, and fourth calendar quarters, respectively.

If you have any questions on the Instructions, or any questions pertaining to surplus lines, then you are encouraged to call the Surplus Lines Examining Office and/or any of the examiners at (609) 292-5350 ext 50106.

Thank you for taking the time to read these Instructions and completing the forms accurately.

SLPS\_INSTR (rev 7/2009)

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SLA # \_\_\_\_\_  
 For the 1 2 3 4 Quarter 20\_\_  
 (circle one)

Do not write in this space

For Official Use Only

**STATE OF NEW JERSEY**  
**DEPARTMENT OF BANKING AND INSURANCE**  
**THE SURPLUS LINES EXAMINING OFFICE**  
**PO Box 325, Trenton NJ 08625-0325**

**TAX RETURN AND CERTIFIED ACCOUNT BY SURPLUS LINES PRODUCER**

To the Commissioner of Banking and Insurance of New Jersey:

1. Name of Surplus Lines Producer : \_\_\_\_\_
2. I have a bona fide office in which is kept a record of contracts of insurance issued by me located at:  
 \_\_\_\_\_  
 (Street Address) (City or Town) (State) (Zip Code)
3. Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_
4. Pursuant to N.J.S.A. 17:22-6.58, There is submitted on the accompanying pages a verified report, in duplicate, on the surplus lines insurance transacted during the quarter circled above, a summary of which follows:

**Taxable Premium**

**Section A: Payable to the New Jersey State Firemen's Association:**

		A.	B.	C.	D.	E.
		Premium	Rate	Tax	Prior Period Credit	Total Tax
5.	Fire Premium (on or after 7/1/09)		3%			
6.	Fire Premium (prior to 7/1/09)		3%			
7	Total due to the NJSFA					

**Section B: Payable to the State of New Jersey:**

		A.	B.	C.	D.	E.
		Premium	Rate	Tax	Prior Period Credit	Total Tax
8.	Fire Premium (on or after 7/1/09)		2%			
9.	All Other Premium (on or after 7/1/09)		5%			
10	All Other Premium (prior to 7/1/09)		3%			
11	Total					

**Section C: Non-taxable Premium**

		A.	B.	C.
		(after 7/1/09)	(prior to 7/1/09)	Total
12.	Fire Premium			
13.	All Other Premium			
14.	Total Premium			

I declare under penalties of perjury that I have examined this statement including the schedules and statements attached thereto, if any, and to the best of my knowledge and belief the matter and information set forth therein are true, correct, and complete. I further certify that I am authorized to sign for the producer identified on Line 1 above.

\_\_\_\_\_  
 Contact person's name

\_\_\_\_\_  
 SIGNATURE OF SURPLUS LINES PRODUCER & DATE

\_\_\_\_\_  
 Contact person's telephone number

\_\_\_\_\_  
 NAME AND TITLE (PRINT OR TYPE)



**INSTRUCTIONS FOR COMPLETING THE DIRECT PLACEMENT TAX RETURN  
(INSURANCE PLACEMENT WITH UNAUTHORIZED INSURER OR SELF- INSURERS REPORT)**

LINE #1)	Provide the name and address of the insured as it appears on the policy. Include the phone number where the insured can be reached during the day
LINE #2)	Provide the location(s) of all the property at risks insured under the policy, showing street address, city, state, and zip code. Attached additional schedules as necessary.
LINE #3)	Provide the NACI or the ISI number of the insurer providing coverage under the policy. The NACI or ISI number can be obtained by the National Association of Insurance Commissioners at (816) 842-3600. Provide the full name and address of the insurer providing coverage under the policy. For multiple insurers, use additional SLPS-5-DPT sheets and attach a separate schedule showing the percentage of the total premium for each insurer.
LINE #4)	Provide the full policy number, including alpha or numeric prefixes or suffixes, beginning with first box on the left. Spaces within the policy number should be represented by blank boxes on the form. Symbols such as a slash (/) or a dash (-) must be entered. <b>YOU MUST ENTER THE POLICY NUMBER EXACTLY AS IT IS SHOWN ON THE POLICY!</b>
LINE #5)	Indicate the type of coverage provided, i.e., property insurance on the building and contents, third party general liability, umbrella liability, etc.
LINE #6)	For the policy period, indicate both inception date and expiration date.
LINE #7 column A - column E)	Where applicable under the property policy, enter the Fire portion of the total policy premium. This information may be obtained directly from the insurer.
	Multiply the total Fire premiums entered on <b>Line 7 column A</b> by <b>Line 7 column B</b> , and enter this amount on <b>Line 7 column C</b> of the form..
	Multiply the total Fire premiums entered on <b>Line7 column A</b> by <b>Line 7 column D</b> , and enter this amount on <b>Line 7 column E</b> of the form.
LINE #8 column A – column E)	Enter “All Other” premiums on this line. “All Other” premiums are those premiums which are <b>not</b> Fire premiums (e.g. for policies which <b>do not</b> include property coverage, this will be the entire policy premium. For policies, which include property coverage, this will be the amount of premium <b>other</b> than Fire). This information may also be obtained directly from the insurer.
	Multiply the total “All Other” premiums entered on <b>Line8 column A</b> by <b>Line 8 column D</b> , and enter this amount on <b>Line 8 column E</b> of the form.
LINE #9 Column C)	Enter the amount shown on line 7 column C. A separate check, made payable to the “New Jersey State Fireman’s Association” in the amount shown on line 7 column C, should be included with this tax return
LINE #9 Column E)	Add the amounts shown on line 7 column E and line 8 column E. A separate check, made payable to the “State of New Jersey” in the amount shown on line 9 column E, should be included with this tax return
LINE #10)	A copy of the policy, cover note, or other documentation supporting the amount(s) of coverage, effective date(s), and premium(s) for this policy must be attached pursuant to N.J.S.A. 17:22-6.64, including allocation of policy premiums by state, including New Jersey.
	<b>Please note, when filing multiple returns, the Department will accept a single check for taxes payable to the State of New Jersey and a single check for taxes payable to the New Jersey State Firemen’s Associations.</b>

Mail the completed tax return, tax check(s) and other coverage documentation to the following address:

<u><b>Mailing Address</b></u>		<u><b>Overnight/ Messenger Address</b></u>
New Jersey Department of Banking & Insurance		New Jersey Department of Banking & Insurance
Surplus Lines Examining Office		Surplus Lines Examining Office
PO Box 325		20 West State Street, 8 <sup>th</sup> Floor
Trenton, NJ 08625-0325		Trenton, NJ 08625-0325

Any questions regarding the completion of the tax return, payment of taxes, or other areas of concern should be directed in writing to the Surplus Lines Examining Office at the above address, or by phone to (609) 292- 5350, ext.: 50470, 50106, or 50088.