

STATE OF NEW JERSEY  
 DEPARTMENT OF \*BANKING AND\* INSURANCE  
 THE SURPLUS LINES EXAMINING OFFICE  
 20 West State Street, \*[CN]\* \*P.O. Box\* 325, Trenton, NJ 08625-0325



TAX RETURN AND CERTIFIED ACCOUNT BY SURPLUS LINES PRODUCER

SLA #      For the 1 2 3 4 Quarter, \*[19]\* \*20\* \_\_\_\_\_  
 (circle one)

To the Commissioner of \*Banking and\* Insurance of New Jersey:

1. Name of Surplus Lines Producer \_\_\_\_\_
2. I have a bond fide office \*[in this State]\* in which is kept a record of contracts of insurance countersigned or issued by me located at:

\_\_\_\_\_  
 (Street Address) (City or Town) (State) (Zip Code)

3. Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 (area code)

4. Pursuant to *N.J.S.A. 17:22-6.58*, there is submitted on the accompanying pages a verified report, in duplicate, of the surplus lines insurance transacted during the quarter circled above, a summary of which follows:

**TAXABLE NET PREMIUMS:**

- |  |             |
|--|-------------|
| 5. Total Taxable Fire Premiums   | \$ _____    |
| 6. Tax @ 3% (3% of Line 5)   | \$ _____    |
| 7. Prior Period Credit Applied (If Any)  | \$( _____ ) |
| 8. Amount Payable to the "New Jersey Firemen's Association"<br>(Line 6) - (Line 7) | \$ _____    |
| 9. Total Taxable All Other Premiums  | \$ _____    |
| 10. Tax @ 3% (3% of Line 9)  | \$ _____    |
| 11. Prior Period Credit Applied (If Any)   | \$( _____ ) |
| 12. Amount Payable to the "State of New Jersey"<br>(Line 10) - (Line 11)           | \$ _____    |

**NON-TAXABLE NET PREMIUMS:**

(Insurance of risks of state, county, or municipal government or agency thereof)

- |   |          |
|---|----------|
| 13. Total Non-Taxable Fire Premiums                         | \$ _____ |
| 14. Total Non-Taxable All Other Premiums                    | \$ _____ |
| 15. Total Non-Taxable Net Premiums<br>(Line 13) + (Line 14) | \$ _____ |

I declare under penalties of perjury that I have examined this statement\*<sub>1</sub>\* including the schedules and statements attached thereto, if any\*<sub>2</sub>\* and to the best of my knowledge and belief the matters 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.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Surplus Lines Producer

\_\_\_\_\_  
 Name and Title  
 (Print or Type)

STATE OF NEW JERSEY  
 DEPARTMENT OF \*BANKING AND\* INSURANCE  
 THE SURPLUS LINES EXAMINING OFFICE

SCHEDULE SHOWING FIRE PREMIUMS AND TAXES PAYABLE

MAIL TO:  
 NEW JERSEY FIREMEN'S ASSOCIATION  
 50 Evergreen Place, East Orange, NJ 07018

SLA # 

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1    2    3    4    Quarter, \*[19]\* \*20\* \_\_\_\_\_  
 (circle one)

Producer Name \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

ISO Code	Location of Risk (Municipality or Fire District)	Zip Code	Premium	FRA Tax
			\$	\$
Totals			\$	\$

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SLA #

QUARTERLY SURCHARGE STATEMENT

For the 1 2 3 4 Quarter, \*[19]\* \*20\* \_\_\_\_\_  
(circle one)

1. Name of Surplus Lines Producer: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City, State: \_\_\_\_\_
4. Telephone # : (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
(area code)
5. New Jersey new premiums written during quarter \$ \_\_\_\_\_
6. New Jersey additional premiums written during quarter (+) \$ \_\_\_\_\_
7. New Jersey return premiums written during quarter (-) \$( \_\_\_\_\_ )
8. Total New Jersey Net Premiums (Line 5) + (Line 6) - (Line 7) \$ \_\_\_\_\_
9. Surcharge amount due (4% of Line 8) \$ \_\_\_\_\_
10. Interest received on deposits\* \$ \_\_\_\_\_
11. Total surcharges and interest due (Line 9) + (Line 10) \$ \_\_\_\_\_

- Remit amount on Line 11 payable to "NJ Surplus Lines Insurance Guaranty Fund"

- Send check with copy of this statement to the Association at P.O. Box 1303, Cranford, NJ 07016-1303

- An additional copy of this statement, together with a photocopy of your check, should be attached to your Quarterly Premium Tax Return that is mailed to the Surplus Lines Examining Office

\*Trust Account # \_\_\_\_\_ is established at the following financial institution:

Name \_\_\_\_\_

Address \_\_\_\_\_

CERTIFICATION

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 matters 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.

\_\_\_\_\_  
Signature of Surplus Lines Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title  
(Print or Type)