

FAQ: SURPLUS LINES BROKER QUARTERLY SUMMARY REPORTS:

Use same name & license number on forms SL-3a through SL-3c. Either broker name & license number or agency name & license number

SL-3a	Complete this form for each quarter and year and sign must be licensed Surplus Lines broker or agency name. Do not submit a quarterly report for \$0.00 business
SL-3b	Verify the Oklahoma Surplus Lines Company is approved through the Oklahoma Insurance Department by going to our website under the following: www.ok.gov/oid , Under Regulated Entities, Financial, Financial Forms, List of Oklahoma Approved Surplus Lines Companies
	Enter the correct 6 digit Oklahoma Company Number received from the list of Approved Surplus Lines Companies with the correct company name
	List each surplus lines policy or endorsement on the form and then subtotal by the surplus lines company/carrier
SL-3c	Complete this form for each policy listed above with premium tax due/owed
	Name of Unauthorized Insurer: The Approved Surplus Lines Company on the list of Approved Surplus Lines Companies on our website
	Oklahoma Company Number: 6 digit Oklahoma Company Number assigned to the Approved Surplus Lines Company (if alien must be on list by NAIC. They will have a company number such as AA-1234567)
	Name/Address of person named in the policy to whom the Commissioner shall send copies of legal process: This will be the Service of Process of the insured if it is a business. If the insured is an individual this will be that individual.
	Name of Insured: The entity that has purchased the policy
	Location and Description of Risk: (instances of multi-state exposure, provide the Oklahoma location & description of risk)
	Kind and Class of Coverage: (example: Kind-Professional liability, class-Medical Malpractice)
SL-3d	Complete this form for each policy or endorsement listed on form SL-3b that has a credit or refund
	Quarter submitted: Current quarter you are submitting this credit/refund request in
	Year submitted: Current year you are submitting the request in
	Quarter original tax paid : The quarter you are requesting the credit/refund from
	Year original tax paid: The year you are requesting the credit/refund from
	Name of Unauthorized Insurer: The Approved Surplus Lines Company on the list of Approved Surplus Lines Companies on our website
	Oklahoma Company Number: 6 digit Oklahoma Company Number assigned to the Approved Surplus Lines Company (if alien must be on list by NAIC. They will have a company number such as AA-1234567)
	Premium returned to insured: gross premium (fees & premium combined)
	Requested Tax/Refund Credit: 6% of the gross premium
	Must state specifically whether you are request a REFUND or a CREDIT
Additional attachments required with SL-3d	<ol style="list-style-type: none"> 1. a copy of the cleared check remitted to the Oklahoma Insurance Department for the tax payment credit/refund you are requesting (If submitted through OPTins please provide a copy of the payment remitted electronically for that quarter) 2. A copy of the declarations page issued with the original policy from the insuring company

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	3. Either a notice of cancellation or a notice of premium refund from the insuring company
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For any questions for the required information above you can contact the Melanie Paxton at Oklahoma Insurance Department at (405)521-6649 or Melanie.Paxton@oid.ok.gov .

For any questions for submitting the reports electronically please contact OPTins at (816)783-8990.