

STATE OF NEW JERSEY – DEPARTMENT OF INSURANCE
THE SURPLUS LINES EXAMINING OFFICE

DIRECT PLACEMENT TAX RETURN
INSURANCE PLACEMENT WITH UNAUTHORIZED INSURER
OR SELF INSURER REPORT

(MUST BE FILED WITHIN 30 DAYS AFTER PLACEMENT OF INSURANCE)

-see reverse for instructions-

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY

1. **INSURED:** NAME: _____
STREET ADDRESS: _____
CITY, STATE: _____ ZIP CODE _____
TELEPHONE #: () _____

2. **LOCATION OF RISK(S):** (MUST INCLUDE ZIP)

STREET ADDRESS: _____
CITY, STATE: _____ ZIP CODE _____

3. **INSURANCE**

COMPANY

NAIC #

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or

ISI #

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NAME: _____

STREET ADDRESS: _____

CITY, STATE: _____ ZIP CODE _____

4. **POLICY NUMBER**

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5. **TYPE OF COVERAGE:** _____

6. **POLICY PERIOD:** FROM _____ / _____ / _____ TO _____ / _____ / _____
(MONTH) (DATE) (YEAR) (MONTH) (DATE) (YEAR)

		A	B	C	D	E
		Premium	FRA Rate	FRA Taxes Due	State Rate	NJ State Taxes Due
7.	FIRE PREMIUM		3%		2%	
8.	ALL OTHER PREMIUMS		0%		5%	
9.	TOTAL TAX					

10. **IMPORTANT:** Attach copy of policy, covernote, or other documentation supporting the amount(s) of coverage, effective date(s) and premium(s) for this policy. If the premium stated is an allocation premium, the basis for allocation must be included. Attach additional schedules as necessary.

I declare under penalties of perjury that I have examined this return and to the best of my knowledge and belief the matters and information set forth herein and on any schedule attached are true, correct, and complete.

Contact person's name

SIGNATURE & 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. YOU MUST ENTER THE POLICY NUMBER EXACTLY AS IT IS SHOWN ON THE POLICY!
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 Line 7 column A by Line 7 column B , and enter this amount on Line 7 column C of the form..
	Multiply the total Fire premiums entered on Line 7 column A by Line 7 column D , and enter this amount on Line 7 column E of the form.
LINE #8 column A – column E)	Enter “All Other” premiums on this line. “All Other” premiums are those premiums which are not Fire premiums (e.g. for policies which do not include property coverage, this will be the entire policy premium. For policies, which include property coverage, this will be the amount of premium other than Fire). This information may also be obtained directly from the insurer.
	Multiply the total “All Other” premiums entered on Line 8 column A by Line 8 column D , and enter this amount on Line 8 column E 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.
	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.

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

<u>Mailing Address</u>		<u>Overnight/ Messenger Address</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 th 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.