STATE OF DELAWARE
DEPARTMENT OF INSURANCE
2017 INDEPENDENT PROCUREMENT PREMIUM TAX REPORT
All statutory references are to Title 18, Delaware Insurance Code.

Original Report ☐
Amended Report ☐

SELF-PROCURED SURPLUS LINES

IF DELAWARE IS THE HOME STATE OF THE INSURED AS DEFINED IN 18 DEL. C. §1904, AND IF ANY PART OF THE RISK EXPOSURE IS LOCATED WITHIN THIS STATE, THIS REPORT MUST BE COMPLETED FOR ANY INSURANCE PURCHASED FROM A NONADMITTED INSURER WITHOUT THE INVOLVEMENT OF A SURPLUS LINES BROKER, AND TAX OF 3% MUST BE PAID TO THE STATE ON THE ENTIRE POLICY PREMIUM PER §1925.

Independent Procurement Statement

I qualify as a "home state insured" as defined in 18 Del. C. §1904, and I have been unable to procure the insurance coverage described herein from licensed insurers, which are authorized in Delaware to transact the class of insurance involved, and which accept, in the usual course of business, insurance on risks of the same class as the risk described below; or I was not able to procure from licensed companies the full amount of insurance needed. Having been unable to secure such coverage, I have resorted to obtaining coverage with companies not licensed in the State of Delaware and therefore not under the jurisdiction of the Delaware Insurance Department.

The amount of insurance purchased from the unauthorized insurer(s) is only the excess coverage. Furthermore, this insurance was not purchased from an unauthorized insurer for the purpose of securing more favorable premium rates or policy terms than would be accepted by an authorized insurer.

I understand that the unauthorized insurance company is not a member of the Delaware Insurance Guaranty Association and that Chapter 42 of the Delaware Insurance Code is not applicable to claimants or insureds of this company. This purchase of insurance was made in compliance with 18 Del. C. §1926, and this report and tax payment is made as required therein.

INSURANCE COMPANY NAME | **NAIC #** (obtain from Insurer) | **POLICY NUMBER**

INSURED POLICYHOLDER NAME AND MAILING ADDRESS

Company Name _____
Address _____
_____
City/State/Zip _____
Contact Person _____
Contact Email _____

Federal EIN: _____ ◄ IMPORTANT

POLICY DETAILS

Effective Date _____ to Expiration Date _____
MM/DD/YYYY Format MM/DD/YYYY Format

TAX PREPARER NAME AND ADDRESS (if different)

Name _____
Address _____
City/State/Zip _____
Contact Person _____
Contact Email _____

TYPE OF INSURANCE

DESCRIPTION OF COVERAGE

AMOUNT(s)/LIMIT(s) OF INSURANCE

PREMIUM TAX CALCULATION

Gross Premium:	0.00	
LESS Return Premium: **(enter as negative)**	0.00	
Net Taxable Premium:	0.00	
DE Tax Rate (3% per §§1925(e), 1926):	.03	
Total Premium Tax Due:	0.00	◄ Pay this amount

MAIL PAYMENT AND THIS FORM TO:
Delaware Insurance Department
Attn: SURPLUS LINES SECTION
841 Silver Lake Blvd.
Dover, DE 19901-2465
Make checks payable to *Delaware Insurance Department*

AFFIDAVIT

In the State of _____ County of _____ on this date, before me, the subscriber, personally appeared the officer for the insured listed above, who deposes and says that this report and all schedules are true, correct, and complete.

Sworn to and subscribed before me this date.

Signed this date: _____

Sign Here _____
Printed Name of Insured or Insured's Officer — *Signature of Insured or Insured's Officer*

Sign Here _____
Affiant's Title — *Signature Notary Public* — *Notary Seal*

Direct any questions to: DOI_SLTAX@state.de.us