

KANSAS INSURANCE DEPARTMENT 5/2018 Ed.
SELF-PROCURED INSURANCE TAX REPORT FOR SURPLUS LINES COVERAGE

(Insurance procured directly by an insured from a nonadmitted insurer) REPORTING TAX YEAR _____

Under provisions of the Federal Dodd-Frank Act and K.A.R. 40-8-8 this report is hereby made for premiums paid during the twelve (12) month period ending December 31, _____ for insurance self-procured and placed in companies not admitted to do business in the State of Kansas. This report must be received **before March 1st** of the year next succeeding the year in which the insurance was so procured.

ALL FIELDS REQUIRED FOR ACCEPTANCE

CONTACT NAME (LAST, FIRST, MIDDLE)	CONTACT PHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	CONTACT EMAIL ADDRESS
NAME OF INSURED	
ADDRESS	
NAME OF INSURER (Insurance Company and NAIC No.)	
ADDRESS	
TYPE OF INSURANCE PROCURED	GROSS PREMIUM CHARGED _____
GENERAL DESCRIPTION OF COVERAGE	PREMIUM TAX DUE AT 6% _____
POLICY NUMBER _____	PENALTY TAX OF ADDITIONAL 6% IF PAID AFTER MARCH 1 st _____
POLICY PERIOD _____	TOTAL AMOUNT OF TAX _____

Transaction Code:

A (Audit) _____ C (Cancellation) _____ E (Endorsement) _____ N (New) _____ R (Renewal) _____

If the home state of the insured is Kansas, there is levied upon an insured who procures insurance pursuant to the Surplus Lines Laws, other than through a surplus lines broker/producer, a tax at the rate of six (6) percent of the entire gross direct written premium.

GROSS PREMIUM CHARGED _____

TAX DUE ON GROSS PREMIUM _____

Under penalties of perjury under the laws of the state of Kansas, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete.

NAME AND TITLE OF SELF-PRODUCER _____ DATE _____

TOTAL TAX DUE & PAID _____

MAIL COPY OF THIS FORM AND PAYMENT BEFORE MARCH 1ST TO:

Kansas Insurance Department, Property & Casualty Division, Surplus Lines, 420 SW 9th Street, Topeka, KS 66612