

Surplus Lines Broker Quarterly Summary Report

(Required by NMSA 1978 Section 59A-14-11 C&D)

Name of Broker/Agency

Address of Broker/

Agency

License Number

I hereby submit to the New Mexico Office of Superintendent of Insurance this summary of all surplus lines insurance I placed during the quarter beginning and ending

All documents required by NMSA 1978 Section 59A-14-11 and 13 NMAC 19.2.17.3 to be filed with the Superintendent are attached.

I certify that the information on this form is true and correct and is in compliance with the applicable provisions of the New Mexico Insurance Code and that the information on the spreadsheet is identical to the documentation.

By selecting agree in the field below, the authorized broker certifies, under penalties provided by the laws of New Mexico that this Surplus Lines Broker Quarterly Summary Report has been examined and is to the best of the authorized broker's knowledge, information, and belief, a true, correct and complete premium tax return, made in good faith for the taxable period indicated.

Affidavit (Check one)

<input type="checkbox"/>	Agree
<input type="checkbox"/>	Do Not Agree

(Authorized Broker)

(Date)

New Mexico Surplus Lines Broker's Countersignature Endorsement

This endorsement must be attached to the policy as part of the insurance contract

This policy provides surplus lines insurance by an insurer not otherwise authorized to transact business in New Mexico. This policy is not subject to supervision, review or approval by the Superintendent of Insurance. The insurance so provided is not within the protection of any guaranty fund law of New Mexico designed to protect the public in the event of the insurer's insolvency.

Policy Number:	<input type="text"/>
Name of Insured:	<input type="text"/>
Certificate Number:	<input type="text"/>
Date Policy Signed:	<input type="text"/>
Underwriting Company:	<input type="text"/>

By selecting agree in the field below, the authorized broker certifies, under penalties provided by the laws of New Mexico that this New Mexico Surplus Lines Broker's Countersignature Endorsement has been examined and is to the best of the authorized broker's knowledge, information, and belief, a true, correct and complete premium tax return, made in good faith for the taxable period indicated.

Affidavit (select one)

<input type="checkbox"/>	Agree
<input type="checkbox"/>	Do Not Agree

(Authorized Broker)

(Date)

STATE OF NEW MEXICO
INSURANCE DEPARTMENT
TAX ON PREMIUMS ON INSURANCE PROVIDED BY SURPLUS LINES LICENSEES
PREMIUM TAX RETURN

Quarterly Installment Due:

Tax Year:

Check if Amended Return
Reason for Amending:

Payment Type: Check
 ACH Credit

1 Licensee Name _____
Mailing Address _____
_____ City _____ State _____ Zip _____

2 License Type (select one) _____

3 National Producer Number (NPN) _____

4 Contact Name _____
Phone Number _____
Email Address _____

5 Calculation of Tax Due (from SLB form)

a. Gross Premiums	5a. _____
b. Additional Premiums	5b. _____
c. Return Premiums	5c. _____
d. Additional Fees	5d. _____
e. Taxable Premiums	5e. _____
f. 3.003% of Taxable Premiums	5f. _____
g. Credit to be Used in this Quarter	5g. _____
h. Original Amount Paid if Filing an Amendment	5h. _____
i. Total Amount Due	5i. _____

DECLARATION

I declare under penalty of perjury as the authorized representative of the insurance company named above I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true and correct and complete.

By checking this box, I am acknowledging that I am a legally authorized representative of the company

Authorized Signer _____ Title _____ Date _____