

Alaska Division of Insurance
Instructions for Report of Surplus Lines Transaction

Named Insured: Use full names and dba, if applicable

Address: Mailing address of the insured

Policy term: Use beginning and ending dates

Policy number: Complete policy number including any hyphenated prefix or suffix

Initial/Renewal policy: Check box. "From" (effective) date entered in policy term area determines reporting quarter

Endorsements: Check endorsement box and indicate the date the premium change was invoiced by the broker. This date is the transaction date and determines the quarter for which the report should be filed. The effective date is not relevant. Endorsements that do not affect premium do not need to be reported as transactions.

Description of the Subject and the Location of the Risk: Physical address and brief, but thorough, description of the covered property or place of business, location and risk type. For a multi-state policy, provide a list of states that are part of the policy.

Policy/insurer information box:

Use the full name and NAIC company number, which may be found on our website through the [Company Search](#) link or the [Quarterly Listing of Alien Insurers](#). See [Bulletin B13-10](#) when Lloyd's policies are involved. The policy type codes should be the codes found in [Bulletin B08-08](#), a link to which is included on our website in the surplus lines brokers premium report forms area. The "% of coverage" column is for subscription policies only. When a subscription policy is reported, each company shall be listed. This includes admitted companies that are part of the subscription policy. The admitted company premium is not subject to tax but it is subject to the filing fees. The premium for each company shall be broken out by policy type codes. The percent column will then show the percentage of premium applicable to each company's portion of that type code. The total "% of coverage" for **each type code** must equal 100.

EXAMPLE:

If two companies wrote a policy with only fire and liability, the block might look like this:

NAIC Company Number	Name of Insurer	Policy Type Code	% of Coverage*	Gross Premium Written
11111	XYZ COMPANY	1	25	\$50.00
11111	XYZ COMPANY	17	25	50.00
22222	ABC COMPANY	1	75	150.00
22222	ABC COMPANY	17	75	150.00
Totals				\$ 400.00

*Use this column for subscription policies only.

The Producing Broker is the entity taking the business to the surplus lines broker. Use the firm name and license number NOT the individual's information.

ALASKA DIVISION OF INSURANCE
P.O. BOX 110805
JUNEAU, AK 99811-0805

REPORT OF SURPLUS LINES TRANSACTION
AS 21.34.080(a)

Named Insured: _____	
Address: _____	
Policy Term: From _____ to _____	
Policy number: _____	<input type="checkbox"/> Initial/Renewal Policy OR <input type="checkbox"/> Endorsement: Invoiced on: _____
Description of the Subject and the Location of the Risk: _____ _____ _____	

NAIC Company Number	Name of Insurer	Policy Type Code	% of Coverage*	Gross Premium Written
Totals				\$

*Use this column for subscription policies only.

Producing Broker Firm: _____	License Number: _____
Alaska Surplus Lines Broker Firm: _____	License Number: _____