



**STATE OF DELAWARE DEPARTMENT OF INSURANCE
SURPLUS LINES BROKER**

Original Report

Amended Report

REPORT OF MULTI-STATE SURPLUS LINES TRANSACTION

Form SL-1903-MS-12

Per 18 Del. C. §§ 1903 and 1903.1

**THIS FORM IS TO BE FILED BY, OR ON BEHALF OF, INDIVIDUAL SURPLUS LINES BROKERS ONLY.
AGENCIES CANNOT TRANSACT BUSINESS AND SHOULD NOT SUBMIT THIS FORM.**

GENERAL INSTRUCTIONS: THIS FORM SHOULD BE USED TO REPORT MULTI-STATE POLICIES ONLY.

Use this form to report each MULTI-STATE surplus lines policy transaction for which Delaware is the home state of the insured. This form should be attached to the SL-1925-Q quarterly report.

PART 1 – POLICY INFORMATION: All fields are required. Enter the reporting surplus lines broker individual name and DE license number. For endorsements enter the effective date of the change in the Inception Date field. Enter the entire policy premium, not just the Delaware portion in the Total Premium field. **Remember: If it is determined that Delaware is the home state of the insured, you only report to DE; the entire policy premium must be reported, and 2% tax must be paid to DE on the entire premium amount.**

SL Broker Name: _____ **DE License #:** _____

Name of Insured: _____ **New/Renewal Policy**

Insured Address: _____ **Endorsement**

Policy Number: _____ **Inception Date:** _____ **Total Premium:** _____

Name of Insurer: _____ **Insurer NAIC #:** _____

Description and Location of Delaware Portion of Risk: _____

PART 2 – PREMIUM ALLOCATION INFORMATION: Check the box for each state with exposure in this policy. Enter the amount of premium allocable to each state (including Delaware) and the percent (%) of the total premium allocable to each state on the appropriate lines.

Property: If the risk is real or personal property, allocate premium based on the location of the risk, computed on the basis that was used to calculate the insurable value of the risk.

Casualty: Allocate all casualty premiums to the home state of the insured.

State	Allocated Premium \$	%	State	Allocated Premium \$	%	State	Allocated Premium \$	%
AL	<input type="checkbox"/>		ME	<input type="checkbox"/>		PA	<input type="checkbox"/>	
AK	<input type="checkbox"/>		MD	<input type="checkbox"/>		RI	<input type="checkbox"/>	
AZ	<input type="checkbox"/>		MA	<input type="checkbox"/>		SC	<input type="checkbox"/>	
AR	<input type="checkbox"/>		MI	<input type="checkbox"/>		SD	<input type="checkbox"/>	
CA	<input type="checkbox"/>		MN	<input type="checkbox"/>		TN	<input type="checkbox"/>	
CO	<input type="checkbox"/>		MS	<input type="checkbox"/>		TX	<input type="checkbox"/>	
CT	<input type="checkbox"/>		MO	<input type="checkbox"/>		UT	<input type="checkbox"/>	
DE	<input type="checkbox"/>		MT	<input type="checkbox"/>		VT	<input type="checkbox"/>	
DC	<input type="checkbox"/>		NE	<input type="checkbox"/>		VA	<input type="checkbox"/>	
FL	<input type="checkbox"/>		NV	<input type="checkbox"/>		WA	<input type="checkbox"/>	
GA	<input type="checkbox"/>		NH	<input type="checkbox"/>		WV	<input type="checkbox"/>	
HI	<input type="checkbox"/>		NJ	<input type="checkbox"/>		WI	<input type="checkbox"/>	
ID	<input type="checkbox"/>		NM	<input type="checkbox"/>		WY	<input type="checkbox"/>	
IL	<input type="checkbox"/>		NY	<input type="checkbox"/>		AS	<input type="checkbox"/>	
IN	<input type="checkbox"/>		NC	<input type="checkbox"/>		GU	<input type="checkbox"/>	
IA	<input type="checkbox"/>		ND	<input type="checkbox"/>		PR	<input type="checkbox"/>	
KS	<input type="checkbox"/>		OH	<input type="checkbox"/>		VI	<input type="checkbox"/>	
KY	<input type="checkbox"/>		OK	<input type="checkbox"/>		CN	<input type="checkbox"/>	
LA	<input type="checkbox"/>		OR	<input type="checkbox"/>		OT	<input type="checkbox"/>	

SEND TO: Delaware Department of Insurance
Attn: SURPLUS LINES SECTION
841 Silver Lake Blvd.
Dover, DE 19904-2465

IMPORTANT: ATTACH THIS FORM TO THE SL-1925-Q QUARTERLY TAX REPORT