

UTAH RISK PURCHASING GROUP – SURPLUS LINES TAXES

Surplus Line Association of Utah
6711 South 1300 East Salt Lake City, Utah 84121
Phone (801) 944-0114 Fax (801) 944-0116

The following statement of premium, written by non-admitted insurers is hereby offered for filing, pursuant to the provisions of the Utah Insurance Code and applicable rules of the Utah Insurance Department.

Name of Risk Purchasing Group: _____

Address of Risk Purchasing Group:

Street: _____

City _____ State _____ Zip _____

Phone _____ - _____

Name of Surplus Lines Company _____
(must be on Recognized List)

Type of Business being written _____

UTAH BUSINESS ONLY:

1. Gross Direct	Premium \$	_____
2. Return Premiums.....	Premium \$	_____
3. Net Premiums (line 1 less line 2)	Premium \$	_____
4. Premium Tax Incurred (Line 3 x .0425).....	Tax \$	_____
5. Stamping Fee (line 3 x .0015).....	Fee \$	_____

Authorized Person:

Name (type or print)

Name (Signature)

Phone Number

Date

Title

NOTE: A check for the tax and fee must accompany this form.