

**INSTRUCTIONS FOR COMPLETING THE DIRECT PLACEMENT TAX RETURN
(INSURANCE PLACEMENT WITH UNAUTHORIZED INSURER OR SELF- INSURERS REPORT)**

- LINE #1) Provide the name and address of the insured as it appears on the policy. Include the phone number where the insured can be reached during the day.
- LINE #2) Provide the location(s) of all the property at risks insured under the policy, showing street address, city, state, and zip code. Attached additional schedules as necessary.
- LINE #3) Provide the NACI or the ISI number of the insurer providing coverage under the policy. The NACI or ISI number can be obtained by the National Association of Insurance Commissioners at (816) 842-3600. Provide the full name and address of the insurer providing coverage under the policy. For multiple insurers, use additional SLPS-5-DPT sheets and attach a separate schedule showing the percentage of the total premium for each insurer.
- LINE #4) Provide the full policy number, including alpha or numeric prefixes or suffixes, beginning with first box on the left. Spaces within the policy number should be represented by blank boxes on the form. Symbols such as a slash (/) or a dash (-) must be entered. **YOU MUST ENTER THE POLICY NUMBER EXACTLY AS IT IS SHOWN ON THE POLICY!**
- LINE #5) Indicate the type of coverage provided, i.e., property insurance on the building and contents, third party general liability, umbrella liability, etc.
- LINE #6) For the policy period, indicate both inception date and expiration date.
- LINE #7) Where applicable under the property policy, enter the Fire portion of the total policy premium. This information may be obtained directly from the insurer.
- LINE #8) Multiply the amount shown on Line 7 by three percent (3%) and enter the result on Line 8 of the form. A separate check, made payable to the "New Jersey Fireman's Association" in the amount shown on Line 8, should be included with this tax return.
- LINE #9) Enter "All Other" premiums on this line. "All Other" premiums are those premiums which are **not** Fire premiums (e.g. for policies which **do not** include coverage, this will be the entire policy premium. For policies, which include property coverage, this will be the amount of premium **other** than Fire). This information may also be obtained directly from the insurer.
- LINE #10) Multiply the amount shown on Line 9 by three percent (3%) and enter the result on Line 10 of the form. A separate check, made payable to the "State of New Jersey" in the amount shown on Line 10, should be included with this tax return.
- LINE #11) A copy of the policy, cover note, or other documentation supporting the amount(s) of coverage, effective date(s), and premium(s) for this policy must be attached pursuant to N.J.S.A. 17:22-6.64.

Mail the completed tax return, tax check(s) and other coverage documentation to the following address:

<u>Mailing Address</u>	<u>Overnight/ Messenger Address</u>
New Jersey Department of Banking & Insurance	New Jersey Department of Banking & Insurance
Surplus Lines Examining Office	Surplus Lines Examining Office
PO Box 325	20 West State State Street, 8 th Floor
Trenton, NJ 08625-0325	Trenton, NJ 08625-0325

Any questions regarding the completion of the tax return, payment of taxes, or other areas of concern should be directed in writing to the Surplus Lines Examining Office at the above address, or by phone to (609) 292- 5350, ext.: 50470 or 50088.