



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**Surplus Lines Division**  
 500 James Robertson Parkway, 7<sup>th</sup> Floor  
 Nashville, TN 37243  
 (615) 741-1670

**Calendar Year:**

**Quarterly Due Date: (select 1)**

- May 15**    **Quarter 1: Jan. 1 – Mar. 31**
- Aug. 15**    **Quarter 2: Apr. 1 – June 30**
- Nov. 15**    **Quarter 3: July 1 – Sep. 30**
- Feb. 15**    **Quarter 4: Oct. 1 – Dec. 31**

**Surplus Lines Statement of Premiums and Tax Payment**

Payment is enclosed for the gross premium tax due from taxable premiums including all membership fees, assessments, dues, or any other consideration for surplus lines insurance, as provided in the policy or contract received by the below licensed surplus lines agent.

Surplus Lines Agent Name:	Agent NPN: TN SL License #:
Agent is associated with (Agency):	Contact Name (contact regarding filings):
Business Address:	Contact Phone/Ext:
City, State & Zip:	Contact Email:

	Gross Premiums (1)	Return Premiums (2)	Net Premiums = (1) Minus (2)	Tax Due	For Department Use Only
Premiums + Fees + Commissions	\$	\$	\$	\$	

In accordance with Tenn. Code Ann. § 56-14-105(a), "No insurance coverage shall be eligible for surplus lines insurance unless the full amount of insurance required is not procurable, after a diligent effort has been made to do so, from among the authorized companies licensed to transact and actually writing such kind and class of insurance in this state, and the amount of insurance eligible for surplus lines shall be only the amount in excess of the amount procurable from licensed insurers."

**THIS STATEMENT MUST HAVE ORIGINAL SIGNATURE AND BE NOTARIZED**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, do hereby make oath that the foregoing Surplus Lines Statement of Premiums and Tax Payment is in accordance with Tennessee Code Annotated § 56-14-106(a) and § 56-14-113, and is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Agent

Subscribed and Sworn before  
me

(SEAL)

\_\_\_\_\_  
Date

My commission expires

\_\_\_\_\_  
Date

Make check payable to: Tennessee Department of Commerce & Insurance  
 Mail check to: State of Tennessee  
 Department of Commerce & Insurance  
 Surplus Lines Division  
 500 James Robertson Parkway, 7<sup>th</sup> Floor  
 Nashville, TN 37243