MARYLAND SURPLUS LINES QUARTERLY REPORT

Quarter Ending \_\_\_\_\_\_\_\_\_\_\_\_\_

Broker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Broker License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Policy Number | Name of Insured | Date Policy Procured | Policy Eff. Date | Policy End Date | Unlicensed Company | NAIC # | Line of Insurance | Amount  of  Coverage | Broker Fees\*\*Refer to bulletin 17-18 | Gross Premium and Policy Fees |
|  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- |
| Part 1 Summary | Page Total | Part 1 Total |
| Total Gross Premium and Policy Fees | $ | $ |
| Total # of Policies |  |  |

MARYLAND SURPLUS LINES QUARTERLY REPORT

ADDITIONAL PREMIUMS (By Endorsement, Installment & Audits)

Quarter Ending \_\_\_\_\_\_\_\_\_\_\_\_\_

Broker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Broker License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Show ADDITIONAL premiums resulting from endorsement, installment, or audit of POLICIES PREVIOUSLY REPORTED for tax purposes.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Policy Number | Name of Insured | Policy Eff. Date | Unlicensed Company | NAIC # | Endorsement (E), Installment (I), or Audit (A)? | Effective Date of Additional Premium | Additional Broker Fees\*\*Refer to Bulletin 17-18 | Additional Premium and Policy Fees |
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| --- | --- | --- |
| Part 2 Summary | Page Total | Part 2 Total |
| Total Additional Premiums and Policy Fees | $ | $ |
| Total # of Policies |  |  |

MARYLAND SURPLUS LINES QUARTERLY REPORT

EXEMPT PREMIUMS

Quarter Ending \_\_\_\_\_\_\_\_\_\_\_\_\_

Broker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Broker License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Show EXEMPT premiums on risks of the Federal Government, State or Political Subdivision of Maryland.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Policy Number | Name of Insured | Date Policy Procured | Policy Eff. Date | Policy End Date | Unlicensed Company | Line of Insurance | Amount of Coverage | Broker Fees\*\*Refer to bulletin 17-18 | Gross Premium and Policy Fees |
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| --- | --- | --- |
| Part 3 Summary | Page Total | Part 3 Total |
| Total Gross Premium and Policy Fees | $ | $ |
| Total # of Policies |  |  |

MARYLAND SURPLUS LINES QUARTERLY REPORT

RETURN PREMIUMS (By Endorsement, Audits, or Cancellations)

Quarter Ending \_\_\_\_\_\_\_\_\_\_\_\_\_

Broker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Broker License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Show RETURN premiums resulting from endorsement to, or audit, or cancellation of POLICIES PREVIOUSLY REPORTED for tax purposes.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Policy Number | Name of Insured | Policy Eff. Date | Unlicensed Company | Endorsement (E), Audit (A), or Cancellation (C)? | Effective Date of Return Premium | Broker Fees\*\*Refer to Bulletin 17-18 | Return Premium and Policy Fees |
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| --- | --- | --- |
| Part 4 Summary | Page Total | Part 4 Total |
| Total Return Premium and Policy Fees | $ | $ |
| Total # of Policies |  |  |

MARYLAND SURPLUS LINES QUARTERLY REPORT

RECONCILIATION OF PREMIUMS

Quarter Ending \_\_\_\_\_\_\_\_\_\_\_\_\_

Broker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Broker License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Total Gross Premiums and Policy Fees (Part 1) | $ |
| Add: Additional Premiums and Policy Fees (Part 2) | $ |
| Subtract: Exempt Premiums and Policy Fees (Part 3) | $ |
| Subtract: Return Premiums and Policy Fees (Part 4) | $ |
| Net Premiums for Period | $ |

The undersigned surplus lines broker

(Broker Name – Print of Type)

being duly sworn, for himself, deposes and says that this Report has been examined by hi, and is to the best of his knowledge, information and belief, a true and complete return made in good faith for the reporting period stated, pursuant to the existing surplus lines laws of the State of Maryland and the regulations thereunder.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature or typed name of Broker Daytime Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Email Address Date

⁪ By putting an X in this box, I signify my intention and consent to file this Quarterly Report electronically.