SURPLUS LINES REPORT OF PLACEMENT

NORTH DAKOTA INSURANCE DEPARTMENT
SFN 59883 (6-2015)

This form must be filed with the North Dakota Insurance Department by the licensed surplus lines producer within 60 days after placing any surplus lines insurance when North Dakota is the insured's home state , as home state is defined in Chapter 26.1-44. This report shall be kept confidential by the Commissioner. The Surplus Lines Affidavit SFN 4818 is open to public inspection.

Licensed Surplus Lines Producer	E-Mail Address	License Number or NPN

Is the insured an exempt commercial purchaser as defined in N.D.C.C. § 26.1-44-01.1(3)?

☐ Yes - insured must be given notice as required by subsection 26.1-44-02.
☐ No

☐ This is a new policy or renewal of a policy. Attach Surplus Lines Affidavit SFN 4818 unless the insured is an exempt commercial purchaser.

☐ This is an endorsement, audit, or cancellation of a policy for which a report was previously filed on _____. The change is effective on _____.

Name of Insured		Telephone Number	
Mailing Address	City	State	ZIP Code

Name of Insurer or Insurers	State or Country of Domicile

If the risk falls under one of the categories in Appendix I of Article 45-09 of North Dakota Administrative Code, enter the category number below.	If not listed in the Appendix, describe the type of insurance coverage and the nature of the insured's business operations.

Policy Number	Policy Effective Date	Policy Expiration Date

Amount of Coverage or Limit of Liability	Premium Charged	Fees and Assessments Charged	Amount of Tax
$	$	$	$

Complete the following for premium changes due to endorsement, audit or cancellation:

Type	Additional Premium	Return Premium	Adjustment to Tax Due (+ or -)
☐ Endorsement ☐ Audit ☐ Cancellation	$	$	$

Enter location(s) of risk below if all risks are located in North Dakota. Complete page 2 to allocate premium if this insurance covers properties, risks or exposures located or to be performed both in North Dakota and one or more other states.

Street Address	City	State	ZIP Code
		ND	
		ND	
		ND	

Signature of Licensed Surplus Lines Producer	Date

Name of Insured

Location of Risk (Street Address and City)	Location of Risk (State)	Tax rate in state of location of risk	Allocated Premium	Assessments and Fees	Tax Due
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
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		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		%	$	$	$
		TOTALS	$	$	$