



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**  
Financial Affairs Division- Tax Unit  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3246  
Fax: (602) 364-3989

**NONRESIDENT SURPLUS LINES BROKER WITHOUT  
ARIZONA SURPLUS LINES LICENSE**

**STATEMENT AND TAX PAYMENT FOR THE ARIZONA PORTION OF A MULTI-STATE SURPLUS LINES TRANSACTION**

ARS §§ 20-411.02(C) and 20-416(C) See Instruction Form E-159MS.INSTRUCTION to complete this form

State of Residence \_\_\_\_\_ State of Residence License # \_\_\_\_\_

Arizona Non-Resident Producer License # if applicable \_\_\_\_\_

Broker's Name as shown on License \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

STATEMENT OF SURPLUS LINES PREMIUMS ALLOCATED TO ARIZONA For Reporting Period:  See Instruction B.2.

A Line of Business Description	B Aggregate Gross Premiums Charged	C Return Premiums Paid to Insureds	D Aggregate Net Premiums	E See Instruction B.4. Fire Portion	
Accident & Health	\$ _____	(-) \$ _____	= \$ _____	An amount must appear in the box below for Fire and Allied Lines and carried to total lines below <input type="text"/>	
Automobile Liability	\$ _____	(-) \$ _____	= \$ _____		
Automobile Physical Damage	\$ _____	(-) \$ _____	= \$ _____		
Aviation Liability	\$ _____	(-) \$ _____	= \$ _____		
Aircraft Physical Damage	\$ _____	(-) \$ _____	= \$ _____		
Fire and Allied Lines	\$ _____	(-) \$ _____	= \$ _____		
General Liability	\$ _____	(-) \$ _____	= \$ _____		▼
Inland Marine	\$ _____	(-) \$ _____	= \$ _____		▼
Miscellaneous Special Lines	\$ _____	(-) \$ _____	= \$ _____		▼
Products	\$ _____	(-) \$ _____	= \$ _____		▼
Professional Liability and Malpractice (Including E & O)	_____	_____	_____	▼	
<b>1. TOTAL OF ALL COLUMNS</b>	\$ _____ [SL Gross]	(-) \$ _____	= \$ _____ [SL Taxable]	\$ _____ [SLF Gross/Tax]	

2. Surplus Lines Tax Rate \_\_\_\_\_ **3%**

3. SURPLUS LINES PREMIUM TAX DUE (Col D, Line 1 x 0.03) Pay this amount.  
Make Check Payable to "Arizona Department of Insurance" = \$ \_\_\_\_\_

**By signature below, the Broker named above affirms:** This report has been prepared in accordance with ARS §§ 20-411.02(C) and 20-416(C) for surplus lines insurance procured in another state by the nonresident broker named above, of which 50% or less of the exposure is allocable to properties or operations in Arizona. A copy of the policy declarations page or premium billing and a schedule presenting total taxable amounts and taxes due to each state for transactions reported are attached.

Enter number of pages attached to this Report:

Signature of Broker Named Above or Authorized Officer of Licensed Firm \_\_\_\_\_

Date Prepared \_\_\_\_\_