

DIRECT PLACEMENT INSTRUCTIONS FOR FILING BROKER QUARTERLY REPORTS:

Independently Procured Insurance	Title 36 §1100.1(d)(3) “Means insurance procured by an insured directly from a nonadmitted insurer”
DSL-3a	Complete this form for each month and year and notarize and sign. Do not submit a report for \$0.00 business
DSL-3b	Verify the Oklahoma Surplus Lines Company is approved through the Oklahoma Insurance Department by going to our website under the following: www.ok.gov/oid , Under Regulated Entities, Surplus Lines, List of Oklahoma Approved Surplus Lines Companies
	Enter the correct 6 digit Oklahoma Company Number received from the list of Approved Surplus Lines Companies with the correct company name
	List each surplus lines policy or endorsement on the form and then subtotal by the surplus lines company/carrier
DSL-3c	Complete this form for each policy or endorsement listed above with premium tax due/owed
	Insured’s Name: name of the entity/person purchasing the policy
	Name of Unauthorized Insurer: The Approved Surplus Lines Company on the list of Approved Surplus Lines Companies on our website
	Oklahoma Company Number: Oklahoma Company Number assigned to the Approved Surplus Lines Company on the List of Approved Surplus Lines Companies
	Name/Address of person named in the policy to whom the Commissioner shall send copies of legal process: This may be the insured unless otherwise specified by agency
	Location and Description of Risk: (instances of multi-state exposure, provide the Oklahoma location & description of risk)
	Kind and Class of Coverage: (example: Kind-Professional liability, class-Medical Malpractice)
	Gross Premium: Premium & Fees (includes policy, broker or service fee)
	6% Tax: 6% on 100% of the gross premium when Oklahoma is the “Home State” of the insured
DSL-3d	Complete this form for each policy or endorsement listed on form SL-3b that has a credit or refund
	Month: original month the premium tax was paid
	Year: original year the premium tax was paid
	Name of Insured: name of the entity/person purchasing the policy
	Name of Unauthorized Insurer: The Approved Surplus Lines Company on the list of Approved Surplus Lines Companies on our website
	Oklahoma Company Number: Oklahoma Company Number assigned to the Approved Surplus Lines Company
	Premium returned to insured: actual gross premium
	Requested Tax/Refund Credit: 6% of the actual gross premium
	Must state specifically whether you are request a REFUND or a CREDIT (Refund-when negative amount is not deducted from the total owed or there is a negative balance and a check is returned to you for the negative amount). (Credit-when the negative amount is deducted from the total owed or if there is a negative balance remaining as a “credit” is issued to the account)

Additional attachments required with SL-3d	1. a copy of the cleared check remitted to the Oklahoma Insurance Department for the tax payment credit/refund you are requesting (If submitted through OPTins please provide a copy of the payment remitted electronically for that quarter)
	2. A copy of the declarations page issued with the original policy from the insuring company
	3. Either a notice of cancellation or a notice of premium refund from the insuring company

For any questions for the required information above you can contact the Oklahoma Insurance Department at (405)521-6649.

For any questions for submitting the reports electronically please contact OPTins at (816)783-8990.