

Instructions for Completing the Surplus Lines Quarterly Report Summary Worksheet

General Information

This report consists of two Sections. Section I provides a summary by insurance company of the activity transacted during the quarter. Section II provides details of the premium activity on a policy level basis. The totals from Section I should agree with the totals as shown in Section II.

These spreadsheets contain locked cells where information cannot be changed by the user. Only cells where information should be entered are unlocked and able to have information entered into them. You may copy/paste into applicable fields in the bodies of the forms.

Please make checks payable to: Nebraska Department of Insurance

Mailing Address:

Nebraska Department of Insurance
PO Box 82089
Lincoln, NE 68501-2089

Street Address (UPS/FedEx):

Nebraska Department of Insurance
1135 M Street, Suite 300
Lincoln, NE 68508-2196

Header Information

Complete all header information. The surplus lines license number of the entity that this report is being submitted for must be included. If you need assistance locating your license number, you can look it up at:
<http://www.doi.nebraska.gov/entity-search.html>

SECTION I (Summary) You must complete even if no business was transacted during this quarter.

If no Surplus Lines business was transacted during the quarter, please (1) complete the header information; (2) indicate "none" on the first line in the body of the form; and (3) print, sign and return page 1 to NE Department of Insurance, PO box 82089, Lincoln, NE 68501-2089 or via email to DOI.SurplusLines@nebraska.gov. **If you are filing a "zero" report, you do not need to complete Section II (Detail)**

Column (1) - The NAIC number of the company you are placing the business with must be included. If you do not know the NAIC number, contact the company and request it. The NAIC number will be used to summarize each company's premiums written in the surplus lines market for Nebraska. This summary information will then be verified with premium information the company reports to the NAIC to determine if all surplus lines premiums/taxes have been reported/paid to the Department.

Column (3) - The Total Premium at the top of this report must agree with the amount reported in section II, which is the difference between the premiums written column minus return premiums column in section II.

Column (4) - The total tax/refund at the top of this report must agree with the amount shown in the tax column of section II.

You may use copy/paste value in the body of the form, columns 1-3.

You only need to print/submit pages that you have made entries on. Please note that the form may be signed after it is printed.

SECTION II (Detail Information) Only complete if you have transacted business during this quarter.

Complete all header information. The surplus lines license number of the entity that this report is being submitted for must be included. If you need assistance locating your license number, you can look it up at:
<http://www.doi.nebraska.gov/entity-search.html>

Column (1) - The NAIC number of the company you are placing the business with must be included. If you do not know the NAIC number, contact the company and request it. The NAIC number will be used to summarize each company's premiums written in the surplus lines market for Nebraska. This summary information will then be verified with premium information the company reports to the NAIC to determine if all surplus lines premiums/taxes have been reported/paid to the Department.

Column (2) - Name of the Insurance company you are placing the business with.

Column (3) - Policy Number

Column (4) - Beginning Date of Coverage-For a new policy, the beginning date is the date the coverage begins. For a renewal policy, the beginning date is when the renewal begins.

Column (5) - Name of Insured

Column (6) - Brief Description of Coverage or Exposure

Column (7) - The Tax Rate for Nebraska is a flat 3%

Column (8) - Premiums shall mean the consideration paid to insurance companies for insurance and shall include policy fees, assessments, dues or other similar payments, except that premiums on all annuity contracts and pension, profit-sharing, individually sponsored retirement plans, and other pension plan contracts which are described in section 818(a) of the Internal Revenue Code shall be exempt for taxation; Section 77-907.

Column (9) - This number must be entered as a negative number (i.e. -128).

Column (10) - Total Tax (Refund) is a calculated field based on the information entered in Columns (7), (8), and (9).

Column (11) - Please mark this box with an "X" if the Policy is an Audit or Endorsment



NEBRASKA QUARTERLY REPORT OF SURPLUS LINES BUSINESS

SUMMARY BY INSURANCE COMPANY-SECTION I

Transacted Under NEB. REV. STAT. §§ 44-5501 to 44-5515

NAME OF SURPLUS LINES LICENSEE _____

LICENSE # OF SURPLUS LINES LICENSEE _____

NAME OF PURCHASING GROUP
OR EXEMPT COMMERCIAL PURCHASER _____

EMAIL CONTACT _____

QUARTER ENDING _____

	NET PREMIUMS	TAX (REFUND)
TOTALS (SHOULD AGREE WITH TOTALS ON SECTION II DETAIL)	0.00	0.00
variance (Section I & II)	0.00	0.00

(1)	(2)	(3)	(4)
NAIC #	NAME OF INSURANCE COMPANY (one line per company)	TOTAL PREMIUMS LESS RETURN PREMIUMS	TAX (REFUND)

I swear that to the best of my knowledge and belief that this report is a true and complete statement of all activities during the time period. In addition, with regards to the coverages in this quarterly report that, to the best of this licensee's knowledge and belief, this licensee could not reasonably procure such coverages from an admitted insurer.

Signature of Licensed Surplus Lines Licensee



QUARTERLY REPORT OF SURPLUS LINES BUSINESS
 Transacted Under NEB. REV. STAT. §§ 44-5501 to 44-5515
SECTION II - PREMIUM TRANSACTION LISTING BY POLICY

NAME OF SURPLUS LINES LICENSEE _____ LICENSE # OF SURPLUS LINES LICENSEE _____ QUARTER ENDING _____
 BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ TELEPHONE _____ E-MAIL _____

NAME OF PURCHASING GROUP OR EXEMPT COMMERCIAL PURCHASER

0.00	0.00	0.00
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GRAND TOTALS

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
NAIC #	Name of Insurance Co.	Policy #	Beginning Date of Coverage	Name of Insured	Brief Description of Policy Coverage and Property or Exposure Insured	Tax Rate	Premium Received	Return Premium	Total Tax (Refund)	Endorse/Audit
1						3%			0.00	
2						3%			0.00	
3						3%			0.00	
4						3%			0.00	
5						3%			0.00	
6						3%			0.00	
7						3%			0.00	
8						3%			0.00	
9						3%			0.00	
10						3%			0.00	
11						3%			0.00	
12						3%			0.00	
13						3%			0.00	
14						3%			0.00	
15						3%			0.00	
16						3%			0.00	
17						3%			0.00	
18						3%			0.00	
19						3%			0.00	
20						3%			0.00	
21						3%			0.00	
22						3%			0.00	
23						3%			0.00	



NAME OF SURPLUS LINES LICENSEE

LICENSE # OF SURPLUS LINES LICENSEE

QUARTER ENDING

	NAME OF SURPLUS LINES LICENSEE	LICENSE # OF SURPLUS LINES LICENSEE	QUARTER ENDING
24		3%	0.00
25		3%	0.00
26		3%	0.00
27		3%	0.00
28		3%	0.00
29		3%	0.00
30		3%	0.00
31		3%	0.00
32		3%	0.00
33		3%	0.00
34		3%	0.00
35		3%	0.00
36		3%	0.00
37		3%	0.00
38		3%	0.00
39		3%	0.00
40		3%	0.00
41		3%	0.00
42		3%	0.00
43		3%	0.00
44		3%	0.00
45		3%	0.00
46		3%	0.00
47		3%	0.00
48		3%	0.00
49		3%	0.00
50		3%	0.00
51		3%	0.00
52		3%	0.00
53		3%	0.00
54		3%	0.00
55		3%	0.00
56		3%	0.00
57		3%	0.00
58		3%	0.00
59		3%	0.00
60		3%	0.00
61		3%	0.00
62		3%	0.00
63		3%	0.00
64		3%	0.00
65		3%	0.00
66		3%	0.00
67		3%	0.00
68		3%	0.00
69		3%	0.00