



STATE OF HAWAII
INSURANCE DIVISION

DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
335 MERCHANT ST., 2ND FLOOR
HONOLULU, HAWAII 96813

INDEPENDENTLY PROCURED SURPLUS LINES
DURING THE PERIOD JULY 1, 2011 – JULY 20, 2011
REPORTING RISKS LOCATED IN HAWAII ONLY
PREMIUM TAX STATEMENT

General Information (Print or Type)

Name of Insurance Company:
Mailing Address:
City/State/Zip:

Name of Agency: (if applicable)
Mailing Address:
City/State/Zip:

Name of Policyholder:
Address: Telephone # ()

Detail of Policy

List only one. Please make copies for additional policies.

Policy Number: _____
Effective Date: _____ Expiration Date: _____ Amount of Coverage: _____

Subject of Insurance/Type: _____
General Description of Coverage: _____

Gross Premium: \$ _____
Less:
Return Premium \$ _____
Net Premium: \$ _____ X 4.68% TAX DUE = \$ _____

Make Check Payable To:
Department of Commerce and Consumer Affairs

The undersigned certifies that this is a true and correct statement.

Signed: _____ Date: _____
(Policyholder/Insured)

Print Name: _____ Title: _____

Statement and Tax are **due November 15, 2011** pursuant to HRS: Section 431:8-205