



**STATE OF HAWAII
INSURANCE DIVISION**

DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
P. O. BOX 3614
HONOLULU, HAWAII 96811-3614
335 MERCHANT ST., 2ND FLOOR
HONOLULU, HAWAII 96813

INDEPENDENTLY PROCURED SURPLUS LINES

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 within 60 days** after the date the insurance was so procured, continued, or renewed pursuant to HRS: Section 431:8-205