SURPLUS LINES INSURER’S CHECKLIST

PLEASE SUBMIT ALL FILINGS AND TAX REMITTANCE TO:
SOUTH DAKOTA DIVISION OF INSURANCE
124 S EUCLID AVE, 2ND FLOOR
PIERRE, SD 57501

Company Name: ____________________________________________________________

NAIC Company Code: ________________________________________________________

FEIN: ______________________________________________________________________

Company Contact: __________________________________________________________

Telephone: __________________________________________________________________

Email: _____________________________________________________________________

REQUIRED FILINGS IN THE STATE OF: South Dakota

Filings Made During the Year: _____________

Please submit this Checklist with the following:


2. Spreadsheet of all policies placed showing the name and address of all South Dakota Licensed Surplus Line Brokers responsible for placing the direct business written on South Dakota resident risks, the name and address of the insured, date effective, policy number and amount of the premium.

3. Schedule T

4. South Dakota State Page