



Department of Consumer and Business Services
 Division of Financial Regulation
 P.O. Box 14480, Salem, Oregon 97309-0405
 350 Winter St. NE, Salem, Oregon 97301-3883

Remit with payment to:
 The Surplus Line Association of Oregon
 7360 SW Hunziker Street, Suite 105
 Portland, Oregon 97223-2305
 (503) 718-6700
 info@OregonSLA.org

**Tax on Wet Marine and Transportation (WM&T) policies
 written by Non-admitted or Unauthorized Insurers**

Insured Name: _____
 Policy Number: _____
 Insurer Name(s): _____
 Policy Period: _____
 Effective Date (if Endorsement) : _____
 Total Premium: \$ _____
 Total of Fees/Charges: \$ _____

WM&T Tax Due: \$ _____ Fiscal Code 92065 1156
 3/4 of 1% (0.0075) on total premium plus total fees/charges;
 attach one check payable to Oregon DCBS

▪ *or*

WM&T Tax Refund: (\$ _____) Fiscal Code 92065 1156
 3/4 of 1% (0.0075) on total return premium plus total return fees/charges

▪ *and*

WM&T Service Charge Due \$ 100
 flat, fully earned;
 attach second check payable to The Surplus Line Association of Oregon

**Mail BOTH checks and completed tax form, in a single packet, directly to:
 The Surplus Line Association of Oregon, 7360 SW Hunziker Street, Suite 105, Portland, Oregon 97223-2305**

Printed name of Insurance Producer: _____
 Oregon P&C license number of Insurance Producer: _____
 Mailing address of Insurance Producer: _____
 Telephone number of Insurance Producer: _____
 E-mail address of Insurance Producer: _____

*This tax filing is a full and true statement of the policy transactions described therein,
 according to my best knowledge, information, and belief.*

Signature of Insurance Producer: _____
 Date signed by Insurance Producer: _____