



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

Remit with payment to:
 The Surplus Line Association of Oregon
 7360 SW Hunziker Street, Suite 105
 Portland, OR 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/Vessel Name: _____
 Insurer Name(s): _____
 Policy Period: _____
 Effective Date (if Endorsement): _____
 Total Premium: \$ _____
 Total of Fees/Charges: \$ _____
(do NOT include \$100 WM&T Service Charge)

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

REQUIRED INFORMATION FOR REFUND:

Name: _____
 Address: _____
 Telephone: _____

• **and**

WM&T Service Charge Due: \$ 100.00
flat, fully earned, not taxable
 attach second check payable to The Surplus Line Association of Oregon

**Mail BOTH checks, completed tax form, and support documentation (e.g. binder, declarations page, or endorsement) 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: _____
 Printed name of Insurance Producing Agency: _____
 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: _____