The North Carolina Surplus Lines Association can countersign coverages submitted by non-resident agents that possess a North Carolina nonresident surplus lines license. Nonresident agents or brokers without the above license cannot be involved in the placement of coverage on a risk located in this state. “Courtesy filings” in the traditional sense will no longer be permitted. The requirements for each tax filing are listed below:

- **Form F**

- **Copy of Declaration Page showing Premium Amount that taxes are being paid on (Binders are not acceptable).** If this is a multi-state policy, please show NC premium on paperwork other than this form and a list of the NC locations with zip codes.

- **Copy of application for insurance signed by applicant & broker.** This is the actual paperwork that the insured completed when applying for the coverage. If no application was required, please put that in writing.

- **Copy of NC non-residents surplus lines license**

- **5 % Tax** (Calculated on Gross Premium) Check made payable to NCSLA.

- **$110 for NCSLA to process the Form F.** This fee applies to each new or renewal policy filed. Check should be made payable to NCSLA.

- **$50 for NCSLA to process endorsements which result in an increase in premium.** There is no fee on a premium cancellation or a reduction in premium. Check should be made payable to NCSLA.

- **Cover letter with contact information in case there is a question or a problem with the filing. Please include email address if possible.**

- **Please complete the following for each tax filing:**

```
Surplus Lines Insurer ___________________________ Policy No ___________________________
Name of Insured _________________________________
Address of Insured __________________________________________________________
Description of Risk __________________________ Location of Risk (Zip Code) ___________
Type of Insurance ___________________________________________________________
Premium Charged $ ___________________ Amount of Insurance $ _____________________
Policy Period From: ___________________ To: ___________________
Please Check One: Multi State Risk _______ Single State Risk ____________
"If Multi State Risk, Home State is _____________."
```

Mail above information to: **NCSLA, PO Box 41368, Raleigh, NC 27629**

If you have any questions, please contact the NCSLA office at 919-876-0687