

# INSTRUCTIONS

## FORM SL-1706 – BUSINESS ENTITY REPORT OF AFFILIATED INDIVIDUAL SURPLUS LINES BROKERS

The Department developed the annual ***Business Entity Report of Responsible Individual Surplus Lines Brokers, Form SL-1706***, to be used by business entities to report information listing the Delaware-licensed individual surplus lines brokers employed by or representing the agency. The form also reports the aggregate volume of SL business written on Delaware risks by each licensee during the calendar year. Additional pages may be attached if necessary.

This form, referred to as the “Agency Annual”, is now designated as Form SL-1706 followed by the abbreviated calendar year. The form is updated annually and should be obtained from the Department’s website for submission on or before March 1 each year. No policy detail information is required. The information from this annual form is matched to information reported by individual SL brokers and the non-admitted insurers. No premium tax is remitted with this report, but the information reported helps the Department to monitor Delaware SL business and ascertain whether premium tax on that business has been properly remitted.

### FOLLOW THESE INSTRUCTIONS FOR EACH FIELD AS INDICATED. REFERENCE NUMBERS CORRESPOND TO NUMBERS ON THE SAMPLE FORM SL-1706

Reference Number	Description	Instructions
1	Type of Report	Indicate whether the report is an original filing or an amendment.
2	Version of Form	Each Form is identified in the upper right hand corner and numbered according to the section of Title 18 to which it applies. Always be sure you are using the most current version of a Form.
3	Instructions, Due Date, Mailing Address	The form contains brief general completion instructions. The form must be <i>received</i> at the address listed on or before March 1 each year. Please note that the Department does not accept a postmark date. Failure to timely file may result in penalties.
4	Agency Name and Address	Enter the name and mailing address of the business entity.
5	Contact Name, Email Phone & Fax #	Enter the information for the person responsible for making filings to the Department. NOTE: This person does not have to be a SL Broker.
6	Agency ID	Enter the Delaware SL license number of the Business Entity.
7	Agency FEIN	Enter the federal employer identification number of the Business Entity.
8	Home State	Enter the 2 letter abbreviated name of the state in which the business entity holds its resident BE license or where the primary place of business is located.
9	Individual SL Broker Name(s)	Enter the name of each individual SLB affiliated with the Agency. Remember: If an individual SLB identifies the Agency in any way (such as use of Agency name, letterhead, address, etc.) in the course of business, the Department considers that SLB affiliated with the Agency.
10	SL Broker ID	Enter the Delaware SL license number of each individual SLB.
11	Premium	Enter the aggregate amount of SL premium generated by that SLB during the calendar year in association with the Agency. If no premium was written by the SLB, enter zero (\$0.00)
12	Total Premium	Enter the aggregate amount of SL premium generated by all SLB affiliated with the Agency during the calendar year.



**STATE OF DELAWARE DEPARTMENT OF INSURANCE  
BUSINESS ENTITY REPORT OF RESPONSIBLE  
INDIVIDUAL SURPLUS LINES BROKERS  
FOR THE CALENDAR YEAR 2006, DUE MARCH 1, 2007**

Original Report  1  
Amended Report

**SL Business Entity  
Form SL-1706-06** 2

To be used by insurance agencies to report information listing individual surplus lines brokers employed by or representing the agency and the aggregate volume of surplus lines business written on risks located in Delaware by each licensed SL broker during the calendar year in association with the agency.

**THIS REPORT IS FOR SURPLUS LINES BUSINESS ONLY.**

No policy detail information is required on this report, only the Delaware surplus lines premium volume for each SL broker and the agency total. List all SL brokers affiliated with the agency whether or not they procured any business. If no SL business was written, enter zero. This information will allow the Department to match insurance company reports to monitor surplus lines business throughout the state.

**REMINDER: Each individual surplus lines broker is required to submit a separate Surplus Lines Broker Premium Tax Annual Summary Report (Form SL-1916-06)** 3

This SL-1706-06 report must be completed and returned to the address at the right on or before March 1, 2007.

**Delaware Insurance Department  
Attn.: Surplus Lines  
841 Silver Lake Blvd.  
Dover, Delaware 19904-2465**

**AGENCY SURPLUS LINES (SL) INFORMATION AND MAILING ADDRESS**

Agency Name: \_\_\_\_\_ 4  
Agency Address: \_\_\_\_\_  
City - State - Zip + 4: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ 5  
E-mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Agency ID: (DE SL Lic. #) \_\_\_\_\_ 6  
Agency FEIN: \_\_\_\_\_ 7  
Home State (abbr.): \_\_\_\_\_ 8

*Questions should be directed to:*

**Ann Fletcher  
Tax Coordinator  
E-mail: [Ann.Fletcher@state.de.us](mailto:Ann.Fletcher@state.de.us)**

**AFFILIATED INDIVIDUAL SURPLUS LINES BROKERS**

List all Surplus Lines Brokers who were affiliated with your Agency during the calendar year 2006.

	INDIVIDUAL'S SURPLUS LINES BROKER NAME	INDIVIDUAL'S DELAWARE SL LICENSE NUMBER	SURPLUS LINES PREMIUMS WRITTEN
1.	_____	_____	\$ _____
2.	_____	_____	_____
3.	_____ 9	_____ 10	_____ 11
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
TOTAL PREMIUMS WRITTEN DURING 2006			\$ _____ 12

ATTACH ADDITIONAL PAGES AS NEEDED