

**Oregon Department of Consumer and Business Services**

Division of Financial Regulation

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[dfr.oregon.gov](http://dfr.oregon.gov)



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## **Surplus lines licensee affidavit for purchasing groups**

### **Instructions**

#### **Surplus lines licensees procuring coverage for purchasing groups**

Surplus lines licensees (producers) who procure coverage for purchasing groups have two options for filing and paying Oregon surplus lines premium tax:

#### **Option 1: File with the Surplus Line Association of Oregon (SLAOR)**

Surplus lines producers may file and pay their premium tax with SLAOR. After registering on SLAOR's website ([www.SLAOR.org](http://www.SLAOR.org)), you may access the online filing system. There is a fee for filing with SLAOR. Call SLAOR, 503-718-6700, if you have any questions.

#### **Option 2: File with the Oregon Insurance Division**

To file directly with the Insurance Division, complete a Surplus Lines Licensee Affidavit for Purchasing Groups,

Form 440-3928 (on reverse side). This affidavit must be filed quarterly. There is no filing fee, only the premium tax of a total of 2.3 percent.

When completing the affidavit, list the phone number of the agent or person who can answer questions about the affidavit. For multiple policies, submit one affidavit and attach a spreadsheet showing the premium for each policy.

#### **Make checks payable to:**

Department of Consumer and Business Services

#### **Mail to:**

Fiscal Services Section

Oregon Department of Consumer and Business Services

P.O. Box 14610

Salem, Oregon 97309-0445

#### **Questions?**

Reach out to [orinstax.ins@dcbs.oregon.gov](mailto:orinstax.ins@dcbs.oregon.gov).

For more information about surplus lines premium tax requirements, see ORS 735.470.



Department of Consumer  
and Business Services

# Surplus lines licensee affidavit for purchasing groups form

To be used only by surplus lines licensee for purchasing groups.

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_ Insurance policy or certificate no.: \_\_\_\_\_

I, \_\_\_\_\_ acting under surplus line license no. \_\_\_\_\_

issued by the Oregon Division of Financial Regulation, declare to the best of my knowledge that the purchasing group indicated below requires the following liability insurance (indicate line/class):

1. Name of insured purchasing group: \_\_\_\_\_  
Address of group: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Nature of insured business: \_\_\_\_\_

2. I have obtained or propose to obtain the above coverage through the following insurers:  
Insurer name: \_\_\_\_\_ Percentage: \_\_\_\_\_  
Insurer name: \_\_\_\_\_ Percentage: \_\_\_\_\_  
Amount of coverage: \_\_\_\_\_ Premium charged: \_\_\_\_\_  
Purchasing group fee charged: \_\_\_\_\_ Effective date: \_\_\_\_\_  
Term: \_\_\_\_\_ (years) Is this a deposit premium? Yes No  
If yes, how is the premium audited? \_\_\_\_\_  
Premium tax at 2% \$ \_\_\_\_\_ (44320/1149)  
Premium tax at .3% \$ \_\_\_\_\_ (45010/1155)  
Total tax: \$ \_\_\_\_\_

3. Each of the insurers listed in (2) above is an "eligible surplus lines insurer" as defined in the Oregon Surplus Lines Law, ORS 735.400 to 735.495.  
4. The insured was expressly advised before placement of this insurance in the surplus lines market that the eligible surplus lines insurer with whom the insurance was placed is not licensed in this state and is not subject to state supervision. In the event of the insolvency of the surplus line insurer, losses will not be paid by the Oregon Insurance Guaranty Association.

Signature of licensee making affidavit: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Make check or money order payable to the Department of Consumer and Business Services.  
Do not send cash.

Mail application with payment to:  
DCBS - Fiscal Services  
P.O. Box 14610  
Salem, OR 97309-0445

Fiscal use only:

PCA code: 44320/1149, 45010/1155