



Oklahoma Insurance Department  
State of Oklahoma

SL-3d

**SURPLUS LINES INSURANCE  
BROKER CREDIT OR REFUND FORM**

\_\_\_\_\_  
Quarter and Year Submitted

Indicate Quarter and Year original tax was reported and paid: \_\_\_\_\_  
Quarter Year

\_\_\_\_\_  
License Number

I, \_\_\_\_\_, hereby state that the following policy was  
(Name of Broker)

obtained as required by Title 36 O.S. § 1112, and that said policy has been cancelled in full, cancelled in part, or has had a reduction in premium. Please submit the following as proof of the original payment and proof of the reason for the refund as required by OKLA. ADMIN. CODE § 365:25-3-13 (e):

1. **A copy of the cleared check remitted to the Oklahoma Insurance Department for the tax payment at issue**
2. **A copy of the declarations page issued with the original policy from the insuring company**
3. **Either a notice of cancellation or a notice of premium refund from the insuring company**

Policy or Certificate Number \_\_\_\_\_ Effective from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Name of Unauthorized Insurer Oklahoma Company Number

\_\_\_\_\_  
Name of Insured Insured's Principle Mail Address City / State / Zip

Reason Premium Returned:  
\_\_\_\_\_

Premium Amount Returned to Insured \$ \_\_\_\_\_ Requested Tax Refund/Credit Amount \$ \_\_\_\_\_

Instructions to Insurance Commissioner: Refund to Broker  
Apply as Credit

**THIS FORM MUST BE SUBMITTED WITH AN EXECUTED BROKER QUARTERLY SUMMARY REPORT**

**Rule 365:25-3-13 "Any claim for a tax credit/refund shall be filed following the close of the calendar quarter that contains the policy period considered in computing the tax credit/refund three (3) years from the date of tax payment".**

Revised 11/2012