



Oklahoma Insurance Department
State of Oklahoma

DSL-3c

INSURED'S FORM REGARDING DIRECT PLACEMENT

Month & Year Submitted

(Name of Affiant) of (Insured's Name)

(Insured's Principle Mailing Address) City State Zip

Please attach a copy of the insurance contract or certificate. This form shall be deemed incomplete if submitted without the requested attachment.

A. Policy or Certificate No. Effective from to

New Procurement Renewal Audit

B. Name of Unauthorized Insurer Oklahoma Company Number (if applicable)

C. Address of Unauthorized Insurer

D. Purchaser & Purchaser's Position (if other than Affiant)

E. Location and Description of Risk (instances of multi-state exposure; provide Oklahoma location)

F. Kind and Class of Coverage (example: Kind-Professional Liability / Class-Medical Malpractice)

G. Amount of Coverage (instances of multi-state exposure; provide both overall and Oklahoma coverage)

Surplus tax has been calculated in accordance with Title 36, O.S. §1115, as follows:

Gross Premium Charges (includes policy or service fee) \$
Less: Federal Taxes:
State Taxes:
Examination Fees:
Taxable Premium and Fees:
6% Tax

THIS FORM MUST BE SUBMITTED WITH AN EXECUTED DIRECT PLACEMENT SUMMARY REPORT AND SUMMARY OF OPERATIONS

Revised 11/2012

Invoice Number:

Date Processed: