



Dora
Department of Regulatory Agencies

Division of Insurance

**COLORADO SURPLUS LINE PREMIUM TAX AND
DELINQUENT PAYMENT FILING INSTRUCTIONS**

*The Delinquent Payment Coupon below is only to be used if the State of Colorado Surplus Lines staff instruct you to use this coupon. In most instances you will be able to amend the monthly and annual filing in the Surplus Lines Tax System without using the Delinquent Payment Coupon.

If the Annual Report has already been filed via the Surplus Lines Tax System for the year in which the filing is delinquent, please e-mail dora_coloradoinsurancesurpluslinetax@state.co.us and let us know you need the account reset to add a delinquent policy. Please include the producer's name, the license number, and the year to be reset. Once we reset the account, we will send an email notifying the account is ready for your filing.

You will then need to click on the year affected at the bottom of the broker home page. Then click on edit for the month to be amended and add your filings. Now submit any Monthly Report that was just amended. Please remember when filing the monthly report you must go through each step until you have clicked the "Finished" button.

Then re-file the Annual report by clicking on the year at the bottom of the Broker Home Page. When you come to the spot asking for the check number and the amount please only provide the amended premium tax amount that is due. Then follow the prompts until you have clicked "Finished".

***The only reason to use the Delinquent Payment Coupon below is if the filing is so old the year to be amended does not show at the bottom of your Broker Home Page.**

1560 Broadway, Suite 850 Denver, Colorado 80202 Phone 303.894.7499
Fax 303.894.7455 Toll Free 800.930.3745 www.dora.state.co.us V/TDD 711





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State of Colorado Delinquent Payment Coupon Surplus Lines Late Tax Filing Form

The only reason to use this Delinquent Payment Coupon is if the filing is so old the year to be amended does not show at the bottom of your Broker Home Page.

This page MUST accompany your payment

Payment Due Date: 03/01/20_____ Date: _____

Calendar/Policy Year: _____

Producer (not Agency) Name: _____ Producer License #: _____

Please email any questions to: cosurplustax@dora.state.co.us

Approved Non Admitted Company _____

Policy # _____ Named Insured _____

Effective Date _____ to _____

Policy Premium	\$ _____	
Policy & Inspection Fees	+\$ _____	
Total Taxable Premium	\$ _____	
Tax Due (3% of Total Taxable Premium)	\$ _____	Check # _____

Note: The Division of Insurance will send you an invoice for the Interest Penalty due pertaining to this tax payment.

MAILING INSTRUCTIONS:

- This completed page **must** accompany your tax payment
- **Please include a copy of the policy declaration page.**
- Send your check and this page to the following address below:

FOR LOCKBOX PROCESSOR USE ONLY
 AMOUNT RECEIVED: _____
 CHECK NUMBER: _____
 DATE RECEIVED: _____

For POSTAL SERVICE

**Colorado Division of Insurance
 P O Box 2237
 Englewood, CO 80150-2237**

For COURIER OR EXPRESS SERVICE

**First Data Denver Lockbox Operations
 6200 South Quebec Street
 Suite 160
 Greenwood Village, CO 80111**

Under penalty of perjury, I declare that this statement has been examined by me and to the best of my knowledge is a true, correct and complete statement.

 Contact Person (Printed) Contact Person (Signature) Telephone Number
 Contact Person Email Address: _____

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