

**FORM SL-10**

**CONNECTICUT PREMIUMS BY BROKER**

Period \_\_\_\_\_ 20 to \_\_\_\_\_ 20

NAME OF COMPANY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME & ADDRESS BROKER (A)	INSURED NAME (B)	GROSS PREMIUM (C)	RETURN PREMIUM (D)	GROSS PREMIUM LESS RETURN PREMIUM (E)

**TOTAL** \_\_\_\_\_

**INSTRUCTIONS - SL-10**

1. INDICATE REPORTING PERIOD DATES
2. FILL OUT FULL NAME OF COMPANY
3. INDICATE THE NAME AND ADDRESS OF A PERSON WHO MAY BE CONTACTED WITH REFERENCE TO SUCH FORM
4. LIST EACH BROKER AND THE BROKER'S ADDRESS
5. LIST INSUREDS CORRESPONDING TO #4 ABOVE
6. SUBTOTAL COLUMNS, C, D, AND E, FOR EACH BROKER LISTED

IF THE COMPANY ELECTS TO USE A FORMAT OTHER THAN THIS FORM FOR REPORTING (i.e. COMPUTER LISTING) THE REPORT **MUST** INCLUDE AT LEAST THE SAME COLUMNS AND SUBTOTALS AS THOSE SHOWN ON FORM SL-10.

USE AS MANY PAGES AS NECESSARY TO LIST ALL BROKERS YOUR COMPANY DOES BUSINESS WITH FOR PROPERTY OR RISKS LOCATED IN THE STATE OF CONNECTICUT.

**NOTE: PREMIUMS SHOULD BE REPORTED ON A PER QUARTER BASIS AND ARE NOT TO BE CUMULATIVE: HOWEVER, THE SL-10 FIGURES FILED THROUGHOUT THE CALENDAR YEAR SHOULD ADD UP TO THE FIGURES REPORTED ON SCHEDULE VIIa (CONNECTICUT PREMIUMS AND LOSSES) OF THE APPROPRIATE FINANCIAL STATEMENT. FOR EXAMPLE, FIRST QUARTER SL-10 PREMIUMS PLUS THE SECOND QUARTER SL-10 PREMIUMS SHOULD BE EQUAL TO PREMIUMS REPORTED ON SCHEDULE VIIa OF THE SECOND QUARTER FINANCIAL STATEMENT. THIS FORM SHOULD BE INCLUDED WITH ALL FINANCIAL STATEMENT FILINGS. THE FILING MADE WITH THE ANNUAL STATEMENT NEED ONLY CONTAIN INFORMATION FOR THE LAST QUARTER OF THE CALENDAR YEAR**