

ECAB FILING FORM INSTRUCTIONS

Pursuant to K.S.A. 40-246c: Regarding reporting the placement of excess lines business placed on a risk domiciled in a state other than Kansas, but also covering a risk or location in Kansas, any individual placing a policy with an insurer not authorized to do business in this state shall file this form **WITHIN 120 DAYS AFTER WRITING THE RISK.**

Transaction Code A, C, E, N, R: Refer to the code on accompanying Coverage Type Form. Indicate the type of transaction that is being reported, using the following code: A- audit, C- cancellation, E - endorsement, N - new, R - renewal. If codes A, C, or E are used and had been reported on a previous report, indicate the page or row number on which the listing can be found in Notes column.

Effective Date: Date policy was written.

Expiration Date: List policy's expiration date.

Policy Number: List policy's policy number, Numeric and Alpha characters only, no spaces or dashes.

Description & Kansas Location Of Risk: List Kansas location and description of risk insured.

Name & Address of Insured: Enter the named insured information from the policies declaration page.

Coverage Type: Refer to the code on accompanying Coverage Type Form. Enter only the 3 digit number, i.e.: for GL- type 270, for E & O, type 280, Terrorism type- 310

Insurer NAIC #: For a listing of non-admitted surplus lines insurers, please access this link: http://www.ksinsurance.org/company/eslines/main_report.pdf or if you need to check if a specific company is listed, on our website, simply click on "Find a Company" under Quick Links on the left hand side of our home page, www.ksinsurance.org . If various companies were used on any one risk, list each company used and applicable premium attributable to each company, multiple rows can be used.

Gross Premium Charged: The gross premium is the total amount charged the insured before figuring the 6% premium tax. Gross premium would include any cost charged in the placement of the insurance including, policy or inspection fees.

Premium Tax Due: Premium tax due is 6%.

Penalty Tax: If there is a policy that is being reported late, (after 120 days), there is a penalty due, complete this column. Penalty is an additional 6%.

Notes: Use this column to list previously reported policy or any other information that you would deem necessary.

Name of Placing Agent: List the agent who signs the policy or the agent of record with the company.

Signature of Agent: Signature of agent who signs the policy or the agent of record with the company.

Date: List the date this form is completed.

Name of Agency, Address, City, State, Zip, and Phone Number: List reporting agent's agency name, address and agent's phone number, or if someone other than reporting agent is completing this form, list that person's number.

Email Address: Provide reporting agent's email address unless if someone other than licensed agent is completing this form, list that person's email address.
As we are doing a large portion of our correspondence electronically, it is very important that we have your correct contact information, **especially** your email address,

Tax I.D. Number: List agency's Federal Tax I.D. Number, all deposits are coded to this number. Without this number any future refunds cannot be processed.

Statement of Insured: THIS FORM IS TO BE USED BY KANSAS RESIDENT NON EXCESS LINES LICENSED AGENTS ONLY. NO OTHER AGENTS ARE REQUIRED TO SUBMIT THIS FORM.

KANSAS RESIDENT NON EXCESS LINES LICENSED AGENTS ONLY: Prior to placing insurance with an insurer not authorized to do business in this state, obtain the written consent of the prospective named insured and provide such insured required information in a form promulgated by the commissioner, (Form ECAD). A copy of this form is to be retained in insured's file.

No additional forms are required to be submitted.

If you should have any questions, please do not hesitate in contacting this department. Phone number: 785.296.7832 or Email: ptavares@ksinsurance.org. Addition forms can be found at the Department's web page at:
http://www.ksinsurance.org/agent/Out_of_State_Domiciled_Risks_Tax_Packet.pdf

Remember filing your Excess Line Taxes is as easy as 1, 2, 3!!!

1. Download Form ECAB
2. Complete Form ECAB
3. Mail in completed Form ECAB & check made out to: Kansas Ins. Dept. for any E&S tax due

IMPORTANT: Form ECAB and Tax are DUE & must be RECEIVED within 120 days of writing policy!

Kansas Excess Lines Premium Tax Reporting Statement Form ECAB

To Be Completed by Individuals Other than Kansas Licensed Excess Coverage Agents

Statutory Authorization
(Excerpt from K.S.A. 40246c)

“...Any individual placing a policy with an insurer not authorized to do business in this state on a **risk domiciled in a state other than this state, but also covering a risk or location in Kansas**, shall file with the commissioner a statement in the form prescribed by the commissioner, describing the risk and **shall pay to the commissioner a sum equal to 6% of the portion of the premium applicable to the risk located in Kansas within 120 days after writing the risk**. The individual responsible for filing the statement shall be the agent who signs the policy or the agent of record with the company. The commissioner...shall collect double the amount of tax herein provided from any...other responsible individual as herein described who shall fail, refuse or neglect to transmit the required...statement or shall fail to pay the tax imposed by this section, to the commissioner within the period specified.”

This form must be completed for each policy issued or renewed as indicated above. Submit completed form(s) and payment of premium tax to:
Kansas Insurance Department, Fire & Casualty Division, 420 S.W. 9th Street, Topeka, Kansas 66612-1678

Transaction Code A,C,E,N,R	Effective Date	Expiration Date	Policy Number	Description & Kansas Location of Risk	Name & Address of Insured	Coverage Type Code	Insurer NAIC #	Gross Premium Charged (1)	Premium Tax Due (2)	Penalty Tax (3)	Notes

(1) Enter only the premium dollar amount that is the portion of the premium applicable to the risk located in Kansas.

(2) The Kansas Excess Lines Premium Tax rate is 6% if paid within 120 days after writing the risk.

(3) After 120 days the rate is 12%.

I hereby certify that I am the agent who signed the policy or the agent of record with the company writing the risk in compliance with the requirements of K.S.A. 40-246(c), that under the penalty of perjury under the laws of the state of Kansas, I hereby make this report of business produced by me under said statute.

Name of Placing Agent	Signature of Placing Agent	Date Completed
Name of Agency	Address	City, State, Zip
Phone Number	E-Mail Address	Tax I.D. Number
ECAB Form v1.06	Recd: _____ AMT\$ _____ CK# _____	FM# _____ CODE#1335-1000
Fire & Casualty	AMT\$ _____	CODE# _____
Revised 01/06		

COVERAGE & TRANSACTION TYPE CODES

10	Dwelling fire, vacant dwellings (Fire & Extended Coverage)
20	Commercial fire and extended coverage (Include EC if indicated)
30	Extended coverage (use only if fire is not included)
40	Other Allied Lines, DIC (Difference in condition) Business interruption, extra expense, loss of income
50	Homeowners
60	Commercial Multi-peril, (package) Special Multi-peril (SMP) Railroads
70	Excess property coverage, flood, excess marine
80	Earthquake
90	Ocean Marine, (ocean boats)
100	Inland Marine
110	
120	
130	Boiler & Machinery
140	Primary Private Passenger Auto: Liability , Physical damage
145	Excess Private Passenger Auto
150	Primary Commercial auto: Liability , Physical damage, car dealers
155	Excess Commercial Auto
160	Aircraft: Liability, physical damage
170	Cargo Liability: Cargo
180	Workers Compensation
190	Title
200	Credit: Credit life
210	Fidelity: Forgery, fidelity bonds
220	Surety: Bid, completion bonds
230	Burglary, Theft & Robbery, Kidnap Ransom
240	Glass
250	Product Liability: (use only if products is the only coverages)
260	Medical Malpractice (doctors, nurses, ambulance technicians)
261	Professional Liability: Attorneys, accountants, clergymen, etc.
270	General Liability: Comprehensive general liab. (CGL), owners, landlords and tenants (OLT) manufacturers and contractors (M&C), completed operations, vehicle service contracts) other than excess, XS or 261
280	Errors & Omissions: i.e.: insurance agents, real estate agents, public officials, tax preparer, architect, Directors and Officers (D&O)
290	Excess liability: Umbrella, XS, increased limits liability
300	Accident & Health, Travel, Stop Gap coverage
310	Other Hole-in-one, prize indemnification, rain,etc., Terrorism, other

Placement of Classifications in BOLD may be limited by statute. Contact the department for limitations.

TRANSACTION TYPE CODES

A = AUDIT
C = CANCELATION
E = ENDORSEMENT
N = NEW
R = RENEWAL

INDICATED PREVIOUS YEAR'S PAGE OR LINE NUMBER IF **A**, **C**, OR **E** IS USED