



Kentucky Department of Insurance August 25, 2021

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OVERVIEW

This user documentation is designed to assist a Surplus Lines Broker in navigating the Kentucky eServices portal. Below is a by-topic document to assist in the navigation of your account.

LOGGING IN

To access the system, proceed to the Kentucky Department of Insurance (KDOI) website at:

http://insurance.ky.gov/ppc/new_default.aspx

THE REPORT OF TH	DEPARTMENT OF INSURANCE If you are trying to reach Kentucky Unemployment Insurance, please go to Kentucky Unemployment Insurance. If you have received fraudulent claims Information, please go to Kentucky Unemployment Insurance Report UI Fraud.	fy
	The Kentucky Department of Insurance regulates the Commonwealth's insurance market, licenses agents and other insurance professionals, monitor the financial condition of companies, educates consumers to make wise choices, and ensures Kentuckians are treated fairly in the marketplace. Contact us at 502-564-3630 or click here for more contact information.	Click eServices here.
HOW DO I?	Contact the Department of Insurance	QUICK LINKS

The following screen will display:

(-1) 10 https://insurance.ky.gow/doieservices/UserRole.aspx	+ ≜ d Search. D + 💮	公回
Separtment of Insurance × 📑		
File Edit View Favoritan Tools Help		
🐅 🗿 DOI Internet 🗿 DOI Intranet 🗿 GAPS Intranet 🗿 Kentucky.gov 🗿 KHRIS 🖨 Outlook Web Access 🗿 PPC Intern	net 🗃 Suggested Sites 🔻 🗃 Web Slice Gallery 💌	
		5(21)
Kentucky Department of	• Comise	
Insurance	eService	
Public Protection Extend	Department of Insurance Onlin	ne Serv
Attention eServices Users		
eServices has transitioned to the Kentucky Online Gateway (KOG) for user credentials (ID	D and password) and login functionality. click here for more information on KOG.	
Account Setup Instructions - Please Read		
Business Entities	Received an Email Invitation	
Insurers	Individuals with Permission Issue	
Individuals		
Consumers		
If you have created an account before September 23rd 2019, Your Username an	td Password will not work. You have to register by clicking on Create Account.	
Click below to Create a KOG eServices Click below to Request a new account OR new Entities	w role, or Add Click below only if you have successfully created an account OR with Kentucky Online Gateway (KOG).	
account on new charge	UN UNIT WHELE Y UNIT CARENA (VUC).	
Create Account Request New Role	Login to eServices	
<		>

To access eServices, click here:

-

for user credentials (ID and password) and login functionality. click here for more information on KOG.							
 Received an Email Invitation Individuals with Permission Issue 							
9, Your Username and Password	will not work. You	u have to register by clicking on Create Account.					
ck below to Request a new role, or Add new Entities Request New Roles	OR	Click below only if you have successfully created an account with Kentucky Online Gateway (KOG).					

Enter your broker-specific Username and Password here:

WY	(Y y.gov	74Q H
	🖴 Citizen (or) Business Partner Sign In	WARNING This website is the property of the
	Sign in with your Kentucky Online Gateway Account.	Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose Unauthorized access or disclosure of
	Enter Email Address	personal and confidential information ma be punishable by fines under state and
	Password <u>Forgot/Reset Password?</u> Enter Password	federal law. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable. The Commonwealth of
	SIGN IN Resend Account Verification Email	Kentucky follows applicable federal and state guidelines to protect the informatio from misuse or unauthorized access.

Which will grant access to eServices.

IMPORTANT!!:

The Username and Password must be <u>broker-specific. The Agency (Business Entity)</u> <u>Username and Password will not work!!</u>

IMPORTANT!!:

If you do not remember your Username and Password contact the Kentucky Online Gateway (KOG) by clicking here:

Attention eServices Users							
eServices has transitioned to the Kentucky Online Gateway (KOG) for user credentials (ID and password) and login functionality. click here for more information on KOG.							
Account Setup Instructions - Please Rea	d						
Business Entitles Insurers Individuals Consumers			ived an Email Invi duals with Permis				
If you have created an account befo	re September 23	rd 2019, Your Username and Password v	will not work. Yo	u have to register by clicking on Create Account			
Click below to Create a KDS eServices account Create Account	OR	Click below to Request a new role, or Add new Entities Request New Roles	OR	Click below only if you have successfully created an acc with Kenfucky Online Gateway (KOG). Login to eServices			

If you haven't set up an account, click here to do so:

Attention eServices Users							
eServices has transitioned to the Kentucky Online Gateway (KOG) for user credentials (ID and password) and login functionality. click here for more information on KOG.							
Account Setup Instructions - Please Rea	d						
Business Entitles Insurers Individuals Consumers			ved an Email Invit duals with Permis				
If you have created an account befo	re September 23	rd 2019, Your Username and Password v	will not work. Yo	u have to register by clicking on Create Account			
Click below to Create a KOS eServices account Create Account	OR	Click below to Request a new role, or Add new Entities Request New Roles	OR	Click below only if you have successfully created an acc with Kentucky Online Gateway (KOG).			

FILING AN AFFIDAVIT IN eSERVICES

The system provides two ways to pass Surplus Lines Affidavits to the KDOI:

- Single entry
- Batch Entry

FILING A SINGLE ENTRY AFFIDAVIT RECORD INTO eSERVICES

To file a single affidavit, first access eServices as shown previously.

Once in, the following screen will display:

Protection Cabret	urance				eService Department of Insurance Onli
		Main Menu	Sign Out	View Cart	
Ol Number :	Email :		Name :	-	(Individual - Individual License Account
eServices					
Add Ren Doourt		certification 10 Letter Res			and License Renewal
No Fault rejo	etion Form	a Book Pending Fees		18303 / Report Insu / Name Fraud	

NOTE:

As this screenshot is taken from a training environment, not all roles above will display for a broker.

To load one affidavit, click here:



Declare you are filing a single affidavit by clicking here:

	čentucky Department nsurance	of			Deŗ
		Main Menu	Sign Out	View Cart	
DOI Number :	Email ·		Name		(Individua
O Upload	IES AFFIDAVITS Data from File (^ delimited (a) Data using a form				
Continue	•				

© Commonwealth of Kentucky. All rights reserved.

Next, enter the data as shown in the following:

SURPLUS LINES AFFIDA	VITS		· · · · · · · · · · · · · · · · · · ·
Are you affiliated with a Br		s 🖲 No	Answer the question regarding affiliation (agency) here.
Contact Information		_	
First Name	Last Name	Middle Name	
John	Doe		
Address Line1		Address Line2	
215 East Main			
Zip Code	City	State	
40601	FRANKFORT	KY	
Phone	Phone Extension	Fax	Fax Extension
5027825295			
Email			
Submit Clear			

Ensure your contact information is accurate here:

SURPLUS LINES AFFIDA	VITS			
Are you affiliated with a Br	usiness Entity O Va	s 🖲 No		
		S © NO		
Enter the Business Entity	Name			
Contact Information				
First Name	Last Name	Middle Name		
John	Doe			
Address Line1		Address Line2		
215 East Main				
Zip Code	City	State		4
40601	FRANKFORT	KY		•
Phone	Phone Extension	Fax	Fax Extension	
5027825295				
Email				
Submit	Then ali	ck "submit"	1	
	Then ch	ck sublint		

The following screen is designed to enter actual affidavit information, including:

SURPLUS LINES AFFIDAV					Named of Insured information here.
Name(s) of Insured Testing Inc.			-		
Address		Zip Code	City	State	
500 Mero St		40601	Frankfort	KY	
Section 2 - KY Locations					
Address Line1		Address Line2			
500 Mero St					
Zip Code	City	State	Premium		
40601	Frankfort	KY	100 ×	Add Location	
					•
Section 3 - General Infor	mation				

Section 2 - KY L Address Line1		Address Line2		Enter the data here. If the affidavit contains more than one location, add it by entering data, then click "Add Location". Continue this process		
Zip Code	City	State	Premium		×	until all locations are
40222	Louisville	KY	100	×	Add Location	added.
Select	Address					
	500 Mero St FRANKFO	RT, KY 40601				
Section 3 - Gen Policy Number		entinoit as the Date	Expiration Date		Inter	ine Fate
				ne evo	ent of entry eckbox of th	is offered in error. Click ne improper te" to remove.

IMPORTANT!!:

If the affidavit contains more than one premium-bearing Kentucky location, then the user will need to enter each location individually. If the affidavit contains only one risk location, or if the affidavit does not divide premium between multiple locations, enter the primary location in which the premium is assigned, and move on to the next section.

The next section concerns demographic policy data, such as policy number, policy period, and type of policy.

Policy Number	Inception/Effective Date	Expiration Date		Involce Date	
123456789ABC	05/01/2020	04/30/2021	=	04/03/2020	1
carrier for auto liability coverage (co	40, and Kentucky Department of Transportation n ommercial or personal) in order to complete the n and additional coverage types for commercial any	required registration of vehicles. Br	okers should uti		
Transaction Type	Policy Tpe		Sub Policy T	уре	
Transaction Type Select Transaction type Audit Cancellation Endorsement New Business	Policy Tpe Select a Policy	•		уре	

Add the carrier information next. If the policy contains more than one carrier, add the carrier information, click "Add Carrier", and proceed to add additional carriers until complete.

Section 4 - Carrier	Information	abo the	ve; click imprope	unction wo the checkl r record the remove.	box of	
Carrier			NAIC#	Premium	Miscellaneous Fees	Total
Acceptance In	idemnity insurance Company		20010	200	25	225
Delete						
Carrier	Premium	Miscellaneous Fees	Total		SL/Tax Rptd	
Select a Carrier	~		1			
Add Carrier (You	must click "Add Carrier")					
Section 5 - Surplus	Lines Tax					

IMPORTANT:

Surplus lines tax is calculated at 3% of all premium, plus fees.

Lastly, the broker will need to certify that a diligent attempt was made to place the business in the admitted market in Kentucky; however, was unable to do so. Therefore, qualifying it as surplus lines according to KRS 304.10-040.

SECTION 6 - BROKER VERIFICATION SECTION	
In compliance with KRS 304.10-050 I, a Surplus Lines Broker licensed in accordance with KRS 304.10.120, duly s - in my capacity as a Kentucky licensed Property and Casualty Agent, I was unable to secure sufficient insura - a Kentucky licensed Property and Casualty agent has certified to me that they were unable to secure suffici - 304.10.040,	ince coverage for the captioned insured per KRS 304.10.040; or
and I have caused to be bound the insurance coverage as described herein. The insurer(s) with whom this coverage has been placed meet(s) or exceed(s) the minimum requirements for Surp Kentucky licensed Property and Casualty agent, endeavored to secure this insurance from insurers licensed in Kentucky there is being insured by a Surplus Lines carrier which is not licensed to do business in Kentucky. I further state that the insurance placed with said unauthorized insurer(s) was not sought or required to secure adv 1 Agree	ntucky and, having been rejected, have advised the assured that
Submit Affidavit	
	Check the box and click here.

Once complete, the next screen presents.

The user will have the options of:

- Review and submit the affidavit to exit the system,
- Review and delete the affidavit, or;
- Review and add another affidavit.

_										
의	RPLUS LINES AF	TIDAVITS								
_										
F	ismove Record	RecordNo	Select	Name	Address	Policy Number	Inception/Effective Date	Expiration Date	Invoice Date	
C	1	1	Edit	Tenting	123 Main St Frankfort KY 40601	123456789480	\$1(2020	4/30/2021	4/3/2020	Vev Locations
	Remove Select	t the record to	be remo	ved and o	lick Remove					
In car	in my capacity as	304.10-050 a Kentucky I	, a Surph icensed P	us Lines B Yoperty a	nd Casuality Agent, I wa	is unable to secure	4.10.120, duly avear that eith sufficient insurance coverage to secure sufficient insurance	e for the captioned i		
The in licens is bei	esurer(s) with who ed Property and C ng insured by a Su	m this covera Concelly agen uplus Lines c	ge has be t, endeuw arrier whi	een places aned to se oh is not l	cure this insurance from icensed to do business	n insuren liourned in Kentucky.	rements for Surplus Lines insu in Kentucky and, having been of to secure advantage, either	n rejected, have ad-	tood the annura	d that their covera
LAgn										
S.	nit Add Add	itional Affidav	da.	Print						
					ii. Can	erenandit oli liarit elec A	Erishia sesarari			

After clicking "Submit", the user will have one last opportunity with this screen to:

- Delete the affidavit,
- Cancel the order, or;
- Complete the transmission.

TRANSACTION / C	ORDER INFORMATION		
To remove any iter	m from your order, click on the checkb	x and press "Remove".	
Forms Com	pleted by User:		
Remove	Description		Fee(s)
	Surplus Lines Affidavit		\$0.00
Remove			
Checkout / Comp	Continue Shopping	Cancel Order	

Once clicking the "Checkout" icon, the transaction is complete.

You will be assigned a DOI eServices transaction ID and transaction date, to track your work.

TRANSACTION DETAILS				
Your transaction has been processed and does not require any additional Payment infor Below are the details of your transaction. You may print a copy of this for your records by		n the 'Print copy of invoice' listed belo	DW.	
Order Information	Qty	Description		Fee(s)
DOI Transaction ID: 1021968	1	Surplus Lines Affidavit		\$0.00
Transaction Date: 5/29/2020			Total Charged:	\$0.00
Items Ordered				
Print Surplus Affidavits				
Print copy of invoice Click here to return to the main menu				

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ENTERING A BATCH FILE OF MULTIPLE AFFIDAVITS

The eServices application also allows a user to data load batch affidavit data. The following is the process to accomplish this task.

First, access eServices as shown previously.

Once in, the following screen will display:

Protection Canadian Control Insurance				
		Main Menu	Sign Out View	w Cart
DOI Number : E	imail :		Name :	(Individual - Individual License Account)
Add Requested Documents	Armad Reconstitation	Certification (Clearen Letter Réquest	or Edit Surplus Lines Andzivits	Examination Scheduling and Rescheduling
No Fault report on Fo	m Order Lows & Regulators Book (2018 Edition)	Pending Fees (Users and Appointment)	Record Conecton Request (Form 8303 / Acdress / 85N / Name / Email / Phone)	Report Insurance Fraud
Sumption Limiter Quarter	rly Upload Returnal	Vew Transaction	Voluntary License	

NOTE:

As this screenshot is taken from a training environment, not all roles above will display for a broker.

To load a batch file of affidavits, click here:



Declare you are filing a batch file, by clicking here:

	tucky Departmen rance	t of	
		Main Menu	Sign Out
DOI Number :	Email :	and a second fail to the second second	Name : Doe, Johr
	AFFIDAVITS		
Upload Data O Submit Data Continue	from File (^ delimited file) using a form		
O Submit Data			

Commonwealth of Kentucky. All rights reserve

		Main Menu	Sign Out	View Cart	
DOI Number :	Email :		Name ·		(Individual -
	AVITS				
Please use .txt files only	y. Cho	oose File No file chosen		O Upload	
	Į	© Common	vealth of Kentucky. All r	ights reserved.	
C Open		•			×
← → ~ ↑ 🖡 > T	Enail: Name (Individuality) .bt files only. Choose File No file chosen Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Image: Commonweath of Kentucky AI rights reserved. Ima	g			
Organize * New fol	der			1	• 🔳 🔞
Ouick access	Name	^	Y D	ate modified	Туре
 ■ Desktop * ↓ Downloads * 1 Documents * 	DOI Number: Email: Name SURPLUS LINES AFFIDAVITS Please use. ht files only: Choose File No the chosen Image: Choose File No the chosen Image: Commonwealth of Kentucy All rights reserved. Copen Image: Commonwealth of Kentucy All rights reserved. Image: Commonwealth of Kentucy All rights reserved. <td< td=""><td>Microsoft Word Microsoft Word Microsoft Edge I</td></td<>	Microsoft Word Microsoft Word Microsoft Edge I			
 APPLICATION A Graphics Surplus Lines Templates 					
Iesting	<				>
File n	ame:		~	All files (*.*) Open	∽ Cancel

Search for the text file you wish to upload:

Pablic Protection Caunet					
		Main Menu	Sign Out	View Cart	
DOI Number :	Email :	*	Name :		(Individual - In
SURPLUS L	INES AFFIDAVITS				
Please use	.txt files only.	Choose File Testing 3.pdf		Upload	
	The file name will display here	© Common	wealth of Kentucky. All right	click "upload" to drop the fil) e

IMPORTANT!!!: The file <u>must</u> format to the template defined here:

If not, the file <u>will not load</u>.

After clicking upload, the following screen displays:

		AFFIDAVITS	r record numb	er(s) 35.Pi	aase clear dal	ta and try agair	-			form	a that is natted 1, and i e:	will no	ot
Please us	e .txt file:	s only.		Choos	ie File No fil	e chosen		0	Upload				
Surplus	Line Aff	davit Data											
Record Number	Broker DOI ID	Carrier NAIC Number	Carrier Name	Carrier	Last Bus Name	Address	City	Zip Code	State	Policy Number	Inception Date	Expiration Date	Effective Date
1		-	Insurance Company	-		-	Frankfort	40601	KY		6/29/2019	6/28/2020	11/3/2020
2	-	-	Insurance Company	-	3	-	Beaver Dam	42320	KY		12/2/2019	12/2/2020	11/12/205
2	-			-			t avfastas	10500	WW			ita set own he	

Scroll thru the data set to load to check for accuracy, once finished, click "submit surplus lines affidavits" at the bottom of the screen...

	rplus Line Affidavits		Clear		_						
			_				-				•
61		Insurance Company	195		5	Olive Hill	41164	KY	11/13/2020	5/13/2021	11/13/200
60		Insurance Company	196	5	-	Louisville	40214		11/12/2020	11/12/2021	11/13/203
59		Insurance Company	28			Grayson	41143	KY	11/11/2020	11/11/2021	11/12/20:
58		Insurance Company	28		2,	Louisville	40204	кү 📒	11/13/2020	11/13/2021	11/13/20

Next, all loaded data will display, and the user will have the ability to delete a record before submitting...



If all set, the user will scroll to the bottom of the screen, and click "submit", which will certify that a diligent attempt was made to place the business in the admitted market in Kentucky; however, was unable to do so. Therefore, qualifying it as surplus lines according to KRS 304.10-040.

 in my capacity as a it 	Ind Renewal transactions 4.10-050 L a Surplus Lines Broker licensed in accordance with KRS 304.10.120, duly swear that either: (entucky licensed Property and Casualty Agent, I was unable to secure sufficient insurance coverage for the captioned insured per KRS 304.10.040; or Property and Casualty agent has certified to me that they were unable to secure sufficient insurance coverage for the captioned insured per KRS
The insurer(s) with whom the licensed Property and Case is being insured by a Surple	und the insurance coverage as described herein. is coverage has been placed meet(s) or exceed(s) the minimum requirements for Surplus Lines insurers as prescribed by KRS304.10-070. I, or a Kentucky alty agent, endeavored to secure this insurance from insurers licensed in Kentucky and, having been rejected, have advised the assured that their coverage is Lines carrier which is not licensed to do business in Kentucky. ance placed with said unauthorized insurer(s) was not sought or required to secure advantage, either as to premium or terms of the insurance contract.
I Agree	
Submit: Add Addition	al Affidavits
	K
	© Commonwealth of Kantucky All rights meanweal
	The user may also add affidavits by clicking hereor print the list

After "submit", the user will have one last opportunity with this screen to:

- Delete the batch
- Cancel the order, or;
- Complete the transmission.

TRANSACTION /	ORDER INFORMATION		
To remove any ite	em from your order, click on the checkb	ix and press "Remove".	
Forms Com	npleted by User:		
Remove	Description		Fee(s)
	Surplus Lines Affidavit		\$0.00
Remove			
Checkout / Comp	Continue Shopping	Cancel Order	

Once clicking the "Checkout" icon, the transaction is complete.

You will be assigned a DOI eServices transaction ID and transaction date, to track your work.

TRANSACTION DETAILS			
Your transaction has been processed and does not require any additional Payment infor Below are the details of your transaction. You may print a copy of this for your records by		n the 'Print copy of invoice' listed below.	
Order Information	Qty	Description	Fee(s)
DOI Transaction ID: 1021968	1	Surplus Lines Affidavit	\$0.00
Transaction Date: 5/29/2020		Tota	Charged: \$0.00
Items Ordered			
Print Surplus Affidavits			
Print copy of invoice Click here to return to the main menu			

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ALTERING A FILED AFFIDAVIT

The eServices application allows a user to alter a filed affidavit prior to the quarterly payment. In other words, a broker can change what was filed via eServices, only before the quarterly billing for the surplus lines tax is posted to be paid.

The following is the process to accomplish this.

Access this tool in your eServices account:

Add Requested Documents Annual Reconciliation Edit Surplus Lines Affidavits	Examination Scheduling and Rescheduling
Record Correction	
Order Laws & Regulations Book (2018 Edition) Pending Fees (License and Appointment) Request (Form 8303 / Address / SSN / Name / Email / Phone)	Report Insurance Fraud

Click on the affidavit...

Name	Policy Type	Transtion Type	Received Date	Effective Date
Test Test	Aircraft	Audit	8/4/2021	8/11/2021
Test Test		Renewal	8/3/2021	8/11/2021

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Which presents the data to be altered.

Surplus Lines Affidavit

Section 1 - Insured Information			
Name(s) of Insured			
Test Test			
Address			
swere3r			
City		State	Zip
Frankfort		KY v	40601
Section 2 - KY Locations			
Address Line1			
Address Line2			
Cibu	State	Zin	

Once the data is proper, click here to re-submit.

Section 5 - Surplus Lines Ta	x		
Premium	2234	Misc Fees	D
Policy Total	2234	Surplus Lines Tax Due	67.02
SECTION 6 - BROKER VERI	FICATION SECTION		
· in my capacity as a Ken	tucky licensed Property and C		swear that either: rance coverage for the captioned insured per KRS 304.10.040; or clerit insurance coverage for the captioned insured per KRS
304.10.040,	party and cancerdy again the		
304.10.040, and I have caused to be boun The insurer(s) with whom this Kentucky licensed Property ar heir coverage is being insurer	d the insurance coverage as a coverage has been placed m id Casualty agent, endeavore t by a Surplus Lines carrier w	described herein. eet(s) or exceed(s) the minimum requirements for Su d to secure this insurance from insurers licensed in H hich is not licensed to do business in Kentucky.	rplus Lines insurers as prescribed by KR\$304.10-070. I, or a centucky and, having been rejected, have advised the assured that
304.10.040, and I have caused to be boun The insurer(s) with whom this Kentucky licensed Property ar their coverage is being insurer I further state that the insurant	d the insurance coverage as a coverage has been placed m id Casualty agent, endeavore t by a Surplus Lines carrier w	described herein. eet(s) or exceed(s) the minimum requirements for Su d to secure this insurance from insurers licensed in H hich is not licensed to do business in Kentucky.	rplus Lines insurers as prescribed by KR\$304.10-070. I, or a centucky and, having been rejected, have advised the assured that dvantage, either as to premium or terms of the insurance contract.
304.10.040, and I have caused to be boun The insurer(s) with whom this Kentucky licensed Property ar their coverage is being insurer	d the insurance coverage as a coverage has been placed m id Casualty agent, endeavore t by a Surplus Lines carrier w	described herein. eet(s) or exceed(s) the minimum requirements for Su d to secure this insurance from insurers licensed in H hich is not licensed to do business in Kentucky.	rplus Lines insurers as prescribed by KR\$304.10-070. I, or a kentucky and, having been rejected, have advised the assured that
304.10.040, and I have caused to be boun The insurer(s) with whom this Kentucky licensed Property ar their coverage is being insurer I further state that the insurant	d the insurance coverage as a coverage has been placed m id Casualty agent, endeavore t by a Surplus Lines carrier w	described herein. eet(s) or exceed(s) the minimum requirements for Su d to secure this insurance from insurers licensed in H hich is not licensed to do business in Kentucky. zed insurer(s) was not sought or required to secure a	Inplus Lines insurers as prescribed by KRS304.10-070. I, or a Centucky and, having been rejected, have advised the assured that dvantage, either as to premium or terms of the insurance contract. The user will need to re-
304.10.040, and I have caused to be boun The insurer(s) with whom this Kentucky licensed Property ar their coverage is being insurer I further state that the insurant	d the insurance coverage as a coverage has been placed m id Casualty agent, endeavore t by a Surplus Lines carrier w	described herein. eet(s) or exceed(s) the minimum requirements for Su d to secure this insurance from insurers licensed in H hich is not licensed to do business in Kentucky. zed insurer(s) was not sought or required to secure a	rplus Lines insurers as prescribed by KR\$304.10-070.1, or a centucky and, having been rejected, have advised the assured that dvantage, either as to premium or terms of the insurance contract. The user will need to re- certify the due diligence
304.10.040, and I have caused to be boun The insurer(s) with whom this Kentucky licensed Property ar their coverage is being insurer further state that the insuran	d the insurance coverage as a coverage has been placed m id Casualty agent, endeavore t by a Surplus Lines carrier w	described herein. eet(s) or exceed(s) the minimum requirements for Su d to secure this insurance from insurers licensed in H hich is not licensed to do business in Kentucky. zed insurer(s) was not sought or required to secure a	The user will need to re- certify the due diligence requirements Click
304.10.040, and I have caused to be boun The insurer(s) with whom this Kentucky licensed Property ar their coverage is being insurer further state that the insuran	d the insurance coverage as a coverage has been placed m id Casualty agent, endeavore t by a Surplus Lines carrier w	described herein. eet(s) or exceed(s) the minimum requirements for Su d to secure this insurance from insurers licensed in H hich is not licensed to do business in Kentucky. zed insurer(s) was not sought or required to secure a	rplus Lines insurers as prescribed by KRS304.10-070.1, or a centucky and, having been rejected, have advised the assured that dvantage, either as to premium or terms of the insurance contract. The user will need to re- certify the due diligence

And the process will cycle the user back thru the typical checkout process.

IMPORTANT!!!!

Only affidavits that are within the calendar quarter/prior to the quarterly billing will be available for alteration. Any other affidavit will not display here, and will need to be altered by cancellation or endorsement.

SURPLUS LINES QUARTERLY TAX

To pay quarterly surplus lines taxes, or submit a no business filing, first access eServices as shown previously.

Once in, the following screen will display:

			5/28/20
Public Protection Calence Public Protection Calence			eServices Department of Insurance Online Services
	Main Menu Sign Out	View Cart	
DOI Number	Name : Doe	, John Sa	(Individual - Individual License Account)
eSenifices Add Requested Documents Annual Reconciliation Order Laws 6	Letter Request Affe	plus Lines Scheduling and Rescheduling	License Ranewai Invoice
No Fault rejection Form Regulations Book (2018 Edition) Surplus Lines Quarterly Tax Upload Refemal Decuments	and Appointment) Address Name J En Wew Transaction Volumtar	v License andar	Suplus Lines Affidavit

NOTE:

As this screenshot is taken from a training environment, not all roles above will display for a broker; only filing an affidavit, quarterly tax payments, and View Transaction History will display.

Once in, click "Surplus Lines Quarterly Tax" here:



The following screen presents:

	terty Taxes							
Year	Quarter	Invoice Date	Due Date	Total Premium	Surplus Tax Due		Amount Paid	Amount Due
2019	4	1/25/2920	3/2/2020	\$30,7	12.00	\$921.36	(\$42.00)	\$963.30
							Total Amount Due:	\$963.36
Mars In	nun nienadu fila	d no business for the belo	and the second second					
Year	are areasy inc	Quarter	ni year anu quani	55.	No Business			
2019		2			True			
2019		2			True			
2000					1154			
Seport N	4o Business							
f you da	not have busin	ens, Please add the year	and the quarter fo	r which you do not hav	ubusiness and submit.			
/ear:	Select 1	Tear V Cite	ster: salar	t Querter 🗸 🗸	Add			

IF TAXES ARE OWED

The first section will define the tax obligation. This amount is determined by affidavit data submitted by the broker within the defined quarter. Pursuant to KRS 304.10-180, Surplus Lines Tax is calculated at 3% of premium and associated fees. Any overpayment or credits from previous quarters are carried forward, and the total tax obligation is presented here:

Pay Quar	rterly Taxes						
Year	Quarter	Invoice Date	Due Date	Total Premium	Surplus Tax Due	Amount Paid	Amount Due
2019	4	1/28/2020	3/2/2020	\$30,712.00	\$921.36	(\$42.00)	\$963.36
						Total Amount Due:	\$963.3

IMPORTANT!!:

According to KRS 304.10-180(1), all taxes are due within 30 days of the end of the prior quarter. Failure to do so is subject to penalty according to KRS 304.99-085.

You have a	iready filed no busir	ness for the below year a	nd quarters.			
Year		Quarter			No Business	
2019		2			True	
2020		1			True	
Report No Bu	siness					
Report No Bu If you do not h Year :		se add the year and the o	guarter for which you of Select Quarter	_	business and submit.	
If you do not h	ave business, Plea			_	_	

To proceed to payment, click the "Submit" icon at the bottom of the screen:

The next screen allows for review (to proceed or remove):

TRANSACTION / 0	ORDER INFORMATION			
To remove any ite	m from your order, click on the checkbox and press "Rem	we".		
_				
	pleted by User: [Adabala, Praveena]			
Remove	Description			Fee(s)
	Surplus Lines Quarterly Tax			\$963.36
			Total Amount Due	\$963.36
Remove				
_				
_				
Checkout / Comp	olete Order Continue Shopping Cancel Order			
		Click here t	o continue to payment	
		Chek here t	o continue to payment	

KY Department of Insurance			
Select Payment Type		Summary	^
ACH	CREDIT GARD	Surplus Lines Quarterly Tax Item Price: \$963.36 Quantity: 1	\$963.36
ancel and return to Department of Insurance	Policies Security Disclaimer Accessibility		

Then select the payment method (E-Check or Credit Card):

If payment by E-Check, then first a user will declare if the payment is an international transaction.

Select Payment Type	
Indicate IAT ACH Information	
What does this mean? Yes No	
CANCEL Cancel and return to Department of Insurance	
	Policie

Then entry of the payment follows:

Select Payment Type		Summary	^
ACH	Construction of the Constr	Surplus Lines Quarterly Tax Item Price: 8968.36 Quantity: 1	\$763.36
ACH / ELECTRONIC CHECK	CREDIT CARD	Sub Total	\$763.36
		Service Fee	\$1.00
Account Details		Total	\$764.36
Dustomer Type (required) Select Routing Number (required) 0 Help	Verify Routing Number (required)		
Account Number (required)	Verify Account Number (required)		
He Account Holder Details			

If by credit card, click the icon, and enter the card information in the next screen:

Select Payment Type				Summary		^
ACH		10 M	-	Surplus Lines Quarter Hern Price: \$963.36 Quantity: 1	fly Tax	8963.36
ACH / ELECTRONIC O	CHECK	CRED	IT CARD	Sub Total		8963.36
				Service Fee		\$28.42
Card Details				Total		8991.78
Card Number (required)	Expiration Date (require	d) Secur	ity Code (required)			
	01 ¥ 2020 ¥			b		
No speces or dashes, please.		© Hel	2			
No spaces or disches, please.	Go	O Hel	2			
Cardholder Details			2			
Cardholder Details	l	untry (required)		•		
Cardholder Details	Ad	unity (required) Juited States				

IMPORTANT!!:

A service fee applies to credit card transactions.

IF A NO BUSINESS FILING

If a broker had no business in the quarter, the KDOI requires the broker to declare that. If filing a no business filing, after clicking into the Quarterly Tax Payment tool, click the following:

You have a	fready filed no business	for the below year an	d quarters.		
Year		Quarter			No Business
2019		2			True
2020		1			True
Depend Ma De	reinnen				
Report No Bu	isiness				
If you do not h	ave business, Please ad	id the year and the qu	uarter for which you	do not hav	e business and submit.
If you do not h Year :		-			_
			uarter for which you Select Quarter	do not hav	e business and submit.
		-			_
		-			_
Year :		-			_
Year :		-	Select Quarter	✓	bbA
Year :		-	Select Quarter	he Yea	ar and Quarter here, and
Year :		-	Select Quarter	he Yea	ar and Quarter here, and

Then follow the instructions to check per above. No payment is required.

VIEW TRANSACTION HISTORY

To view a broker's transaction history, first access eServices as shown previously.

Once in, the following screen will display.



NOTE:

As this screenshot is taken from a training environment, not all roles above will display for a broker; only filing an affidavit, quarterly tax payments, and View Transaction History will display.

Once in, click "View Transaction History" here:



The following screen presents:

TRANSACTION HISTORY				
To view 30 days of transactions	s during a certain period, Enle	r the start date.		
Enter the Start Date	MM/DD/YYYY	Display Transactions		
Click on the Transaction ID	to view the details of the Tra	insaction. Click 'Complete' to Com	plete an Incomplete Transaction	
Below is a list of all your trans	actions within the last 30 days	. You must re-submit any transaction	is that are listed as incomplete.	
Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
1021958		5/29/2020		Complete
1021665		5/28/2020		incomplete
1021620		5/28/2020		Incomplete
1017948		5/6/2020		incomplete [Complete]
1017915		5/5/2020		Incomplete

The initial list will display transactions only within the last 30 days. Search capability is available to expand that listing here:

TRANSACTION HISTORY			
To view 30 days of transaction	ns during a certain period, E	nter the start date.	
Enter the Start Date	MM/DD/YYYY	Display Transaction	15
Click on the Transaction ID	to view the details of the	Transaction. Click 'Co	omplete' to Complete an Incomplete
Below is a list of all your tran	sactions within the last 30 d	ays. You must re-submi	it any transactions that are listed as ir
			Enter a begin date, and all from the begin date to cur display.

Functionality is offered for the transaction list as follows:

Below is a live of all you Transaction ID	ePay Trans ID) days. You must re-submit any tr Transaction Date		e listed as incomplete.	Transaction Status
1021958		5/29/2020			Complete
1021665		5/28/2020			Incomplete
1021620		5/28/2020			Incomplete
1017948					
	View Transac Print Surplus			Surplus Lines Affidavit Quantity : 1 Total Charged:	ţ
	Allows the - Re	wate Click here to return to the main me e user to: ecover the DOI tran ew transaction date	saction ID		

Additionally, a user may complete an incomplete transaction by clicking "Complete" here:

Click on the Transaction I	D to view the details of the	e Transaction. Click 'Complete	' to Complete an Incomplete Trans	action
Below is a list of all your tra	nsactions within the last 30 (days. You must re-submit any tra	ansactions that are listed as incomple	ŝe.
Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
1021958		5/29/2020		Complete
1021665		5/28/2020		incomplete
1021620		5/28/2020		Incomplete
1017948		5/6/2020		incomprete (Complete)
1017915		5/5/2020		Incomplete

tranktort ky 40601 Remove Select the record to be removed and click Remove ty for New Business and Renewal transactions	In Locations
ly for New Business and Renewal transactions compliance with KRS 304.10-050 I, a Surplus Lines Broker licensed in accordance with KRS 304.10.120, duly swear that either:	
compliance with KRS 304.10-050 I, a Surplus Lines Broker licensed in accordance with KRS 304.10.120, duly swear that either:	
nly for New Business and Renewal transactions compliance with KRS 304.10-050 I, a Surplus Lines Broker licensed in accordance with KRS 304.10.120, duly swear that either: • In my capacity as a Kentucky licensed Property and Casualty Agent, I was unable to secure sufficient insurance coverage for the captioned insured per KRS 304	
compliance with KRS 304.10-050 I, a Surplus Lines Broker licensed in accordance with KRS 304.10.120, duly swear that either:	
 In my capacity as a Kentucky licensed Property and Casualty Agent, I was unable to secure sufficient insurance coverage for the captioned insured per KRS 304 	
	l.10.040; or
iser can:	
- Remove an incomplete record - Check the box next to the record and ch	ick
L L	
"Remove"	
- Edit the record - Click "Edit" to be returned to the entry process explain	nod prior
Lan the record Check Lan to be returned to the entry process explain	
	-
	-
- Complete the record - Either complete the record in the edit function (to or correct inaccurate data), or hit the "Submit" tool to transmit as is	-