

**Form T-71SP**  
**SELF PROCUREMENT**  
**2011TY**

**State of Rhode Island and Providence Plantations**  
**SELF PROCUREMENT INSURANCE PREMIUMS RETURN**  
 For Coverage Procured in Calendar Year 2011  
 Due within thirty (30) days after procurement  
 RIGL § 27-3-38.1

INSURED NAME	
ADDRESS	
CITY	STATE ZIP CODE
FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER	E-MAIL ADDRESS

* CARRIER NAME (Company carrying the risk, not the wholesale broker.)	Broker (if applicable)	TYPE OF COVERAGE	POLICY EFFECTIVE DATE	POLICY #	PREMIUM
a.					
b.					
c.					

**Computation of Tax**

		Column A January 1 - May 26		Column B May 27 - December 31
1. Gross premium charged - see instructions .....	1a.		1b.	
2. Self procurement tax rates .....	2a.	<b>3.0%</b>	2b.	<b>4.0%</b>
3. SELF PROCUREMENT TAX .....	3a.		3b.	
4. TOTAL SELF PROCUREMENT TAX - Add lines 3a and 3b .....			4.	
5. Interest - 18% per annum, 1.5% per month .....			5.	
6. Total Due with Return - Add Lines 4 and 5 .....			6.	

**GENERAL INSTRUCTIONS**

Enter the required information on lines a, b and c in the table above. Enter only the Rhode Island portion of the premium.

If more lines are needed, attach a separate sheet listing the required information.

**IMPORTANT:**

Attach a copy of policy, covernote or other documentation supporting the amount(s) of coverage, effective date(s) and premium(s) for this policy. If the premium stated is an allocation premium, the basis for allocation must be provided.

Attach additional schedules as needed.

- Line 1: **Gross Premium Charged:**  
Column A: Enter the gross premium amounts for all policies effective prior to May 27, 2011.  
Column B: Enter the gross premium amounts for all policies effective on or after May 27, 2011.
- Line 2: **Surplus Line Broker Tax Rate:** Column A 3%, Column B 4%.
- Line 3: **Self Procurement Tax:**  
Column A: Multiply Line 1a times 3% (0.0300).  
Column B: Multiply Line 1b times 4% (0.0400).
- Line 4: Total Self Procurement Tax - Add Line 3a and Line 3b.
- Line 5: Interest on Tax Due - 18% per annum, 1.5% per month.
- Line 6: Total Due with Return - Add Line 4 and Line 5.

**CERTIFICATION: This certification must be executed or the return must be sworn before some person authorized to administer oaths.**

Under penalties of perjury, I hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
 Date Signature of authorized officer Title

\_\_\_\_\_  
 Date Signature of preparer Address of preparer

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES  NO  Phone number \_\_\_\_\_