

Policy Audit Checklist

Surplus Lines Stamping Office of Texas
1601 E Pflugerville Parkway, Suite 3301
Pflugerville, TX 78660

Form No. 7.2

TIC = Texas Insurance Code
TAC = Texas Administrative Code
TDI = Texas Department of Insurance

Each insurance contract (policy, binder, cover note, renewal certificate, premium bearing document, etc.) must include the following, per [28 TAC §15.106](#):

- Declaration Page
- List of all participating insurers on the policy: insurer name or Lloyd's syndicate name that matches the Approved Insurers List
- All coverage parts and schedules
- Extended coverage endorsements and exclusions
- Consistent policy number (including prefix/suffix), per [28 TAC §15.109](#)
- Insured name, per [TIC §981.101\(c\)\(4\)\(A\)](#)
- Effective date and expiration date, per [TIC §981.101\(c\)\(2\)](#)
- Premium, policy fee(s) (membership fees, registration fees, assessments, dues, and any other compensation given in consideration for surplus lines insurance), taxes and stamping fee (shown separately, per [TIC §981.101\(c\)\(3\)](#) and [TIC §225.001\(5\)](#))
- Issue date (if applicable), relates to [TIC §981.105\(a\)](#)
- Zip code of Texas risk location (PO boxes are not accepted), per [TIC §981.101\(c\)\(1\)](#)
- Agent/agency name and address, as listed on the agency license, per [TIC §981.101\(c\)\(4\)\(C\)](#) (Review [TDI Agent Lookup](#))
- Guaranty Fund Non-Participation Notice showing appropriate tax rate, per [TIC §981.101\(b\)](#)
- Texas Complaint Notice, per [28 TAC §1.601](#)
- Exempt commercial purchaser documentation (if applicable), per [TIC §981.0031](#)
- Industrial insured documentation (if applicable), per [TIC §981.0033](#)

For online system entry, verify and input the following:

- Confirm data above is correct (online entries match insurance documents)
- Enter policy issue date, if one is provided, in addition to effective date
- Account for percentage of participation for each insurer/syndicate, to total 100%; per [28 TAC §15.106\(b\)\(2\)](#); [TIC §981.101\(c\)\(5\)](#)
- If applicable, complete the [Allocation Form](#) for other states or exempt premium
- Declaration page premiums must match the attached coverages parts / schedules and endorsements, per [28 TAC §15.106\(b\)\(3\)](#)

For Policy Audits, in addition to the above, verify and provide the following:

- Show "Total Gross" amount (premium + policy fee(s) + tax + stamping fee)

* Handwritten changes to policy documents are not acceptable

Please provide requested information in a timely manner to prevent interruption of your access to SLTX's online system