

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

**State of Rhode Island and Providence Plantations**  
**SELF PROCUREMENT INSURANCE PREMIUMS RETURN**  
**For Coverage Procured in Calendar Year 2010**  
**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**

1. Gross premium charged - Enter total of amounts in the Premium Column Above .....	1.	
2. SELF PROCUREMENT TAX - line 1 times 3% (0.03) .....	2.	
3. Interest - 18% per annum, 1.5% per month .....	3.	
4. Total Due with Return - Add Lines 2 and 3 .....	4.	

**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.

Line 1: Gross Premium Charged - add the amounts from lines a, b and c from the Premium Column and enter here.

Line 2: Self Procurement Tax - Multiply Line 1 times 3% (0.03).

Line 3: Interest on Tax Due - 18% per annum, 1.5% per month.

Line 4: Total Due with Return - Add Line 2 and Line 3.

**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.

**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 \_\_\_\_\_