MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

DAVID BROWNING
Deputy Commissioner of Insurance

MAILING ADDRESS:
P.O. Box 79
Jackson, MS 39205-0079
Phone: 601-359-3569
Fax: 601-359-2474

MISSISSIPPI INSURANCE DEPARTMENT
501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201 www.mid.ms.gov

REPORT OF DIRECT PLACEMENT OR SELF-PROCURED INSURANCE

Name of Insured _____

Address of Insured _____

Telephone # of Insured _____

Name Of Insurer _____

Address of Insurer _____

_____

Location and Description of Property _____

_____

_____

Type of Coverage _____

_____

Number of Policy(s) _____

Amount of Insurance Rate _____

Amount of Insurance _____

Date Effective and Expiration _____

Premium Paid and Date of Payment (Gross Premiums Less Returned Premiums) _____

_____

Tax @ 3% _____

Add: Filing Fee of $1.00 per Policy _____

TOTAL AMOUNT REMITTED HEREWITH _____

(MAKE CHECKS PAYBLE TO MISSISSIPPI INSURANCE DEPARTMENT)

I, _____, being duly sworn, deposes and states that the foregoing is a complete and true exhibit of the premiums paid on Mississippi risk which it was my desire to self-procure and directly insure with insurers non-admitted to Mississippi pursuant to Section 83-5-61, Mississippi Code of 1972, for the period stated, according to the best information, knowledge and belief of the affiant.

Sworn to before me: Name: _____

_____ (Owner or Manager of the Risk)

Title: _____ By: _____

Date: _____ Title: _____

Print Form Clear Form

Revised 01/14/2008