MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

DAVID BROWNING
Deputy Commissioner of Insurance

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

REPORT OF INDEPENDENTLY 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 @ 4% _____

Non-admitted Policy Fee @3% _____

Add: Filing Fee of $1.00 per Policy _____

TOTAL AMOUNT REMITTED HEREWITH _____

(MAKE CHECKS PAYBLE TO MISSISSIPPI SURPLUS LINES ASSOCIATION, 504 KEYWOOD CIRCLE, SUITE B FLOWOOD MS 39232)

I, _____, being duly sworn, deposes and states that the foregoing is a complete and true exhibit of the premiums paid on Mississippi risk which is was my desire to directly procure with a non-admitted insurer pursuant to Section 83-21-17, Mississippi Code of 1972, as amended, 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: _____

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