



MISSISSIPPI INSURANCE DEPARTMENT

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.state.ms.us

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3569
FAX: (601) 359-2474

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 @ 5% _____

Add: Filing Fee of \$1.00 per Policy _____

TOTAL AMOUNT REMITTED HEREWITH _____
(MAKE CHECKS PAYABLE TO THE MISSISSIPPI INSURANCE DEPARTMENT, P.O. BOX 79, JACKSON, MS 39205)

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: _____