

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
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 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 PAYABLE 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: _____