



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
Surplus Lines Division  
500 James Robertson Parkway, 4th Floor  
Nashville, TN 37243  
(615 741-1756)**

Office Use Only  
Reviewed By (Initial/Date)  
\_\_\_\_\_

**INDUSTRIAL INSURED STATEMENT OF PREMIUMS AND TAX PAYMENT**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ (Company)  
located at \_\_\_\_\_ (Address)  
\_\_\_\_\_ (City, State,  
Zip Code), hereby make oath that the insurance detailed below is procured under the Industrial Insured  
exception to the certificate of authority or licensing requirements per Tennessee Code Annotated § 56-2-105.  
I am a full-time employee acting as an insurance manager or buyer for the Company. The aggregate annual  
premiums for the insurance on all risks total at least twenty-five thousand dollars (\$25,000), and the Company  
has at least twenty-five (25) full-time employees.

\_\_\_\_\_ (City, State,  
Zip Code), hereby make oath that the insurance detailed below is procured under the Industrial Insured  
exception to the certificate of authority or licensing requirements per Tennessee Code Annotated § 56-2-105.  
I am a full-time employee acting as an insurance manager or buyer for the Company. The aggregate annual  
premiums for the insurance on all risks total at least twenty-five thousand dollars (\$25,000), and the Company  
has at least twenty-five (25) full-time employees.

Policy Number:		Effective Date:	
Name of Risk:		Full Description of Risk:	
Coverage Location Address:			
City, State, Zip Code:			
Type of Coverage:	Amount of Coverage:	Term:	
Insurance was procured from:			

	Premiums	Tax	Office Use Only
Other than Fire Premium + Fees (2.5%)	\$	\$	121/128
Fire Premium or the Fire Portion of any Combination Premium + Fees (3.25%)	\$	\$	121/128
<b>TOTALS:</b>	\$	\$	

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, do hereby make oath that the foregoing Industrial Insured  
Statement of Premiums and Tax Payment is in accordance with Tennessee Code Annotated § 56-2-105, and is  
true to the best of my knowledge, information, and belief.

WITNESS MY SIGNATURE ON THE \_\_\_\_\_ day of \_\_\_\_\_  
MONTH YEAR

AFFIANT \_\_\_\_\_  
Signature of Manager / Buyer

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_  
MONTH YEAR

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_  
MONTH YEAR

Make check payable to: Tennessee Department of Commerce & Insurance

Mail check to: State of Tennessee  
The Department of Commerce & Insurance  
P.O. Box 198983  
Nashville, TN 37219-8983

If you have any questions or need assistance in filling out the form, please contact the Surplus Lines Division at (615) 741-1756