



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**Surplus Lines Division**  
 500 James Robertson Parkway, 7<sup>th</sup> Floor  
 Nashville, TN 37243  
 (615) 741-1670

**Calendar Year:**

**Quarterly Due Date: (SELECT ONE)**

**May 15** **Quarter 1:** Jan. 1 – Mar. 31

**Aug. 15** **Quarter 2:** Apr. 1 – June 30

**Nov. 15** **Quarter 3:** July 1 – Sep. 30

**Feb. 15** **Quarter 4:** Oct. 1 – Dec. 31

**INDUSTRIAL INSURED / SELF-PROCUREMENT  
 STATEMENT OF PREMIUM AND TAX PAYMENT**

Payment is enclosed for the gross premium tax due on taxable premiums for contracts or policies procured by citizen(s) of this state, including industrial Insureds as defined in § 56-2-105(7), on the types of coverage listed in § 56-2-201 upon property situated or located in this state in companies not authorized to transact business in this state. Taxes shall be paid at the same time, in the same manner, and at the same rate as the tax levied on surplus lines insurance in § 56-14-106 and §56-14-113.

**By signing this statement I hereby make oath that the insurance detailed below is: (SELECT ONE BELOW)**

Procured under the Industrial Insured exception to the certificate of authority or licensing requirements per Tennessee Code Annotated §56-2-105, or

Procured by citizens of this state from unauthorized compnaies in accordance with Tennessee Code Annotated §56-2-411

Name of Risk: <input type="text"/>		Description of Risk: <input type="text"/>	
Policy Number: <input type="text"/>		Effective Date: <input type="text"/>	
Coverage Location Address: <input type="text"/>			
City, State, Zip Code: <input type="text"/>			
Type of Coverage: <input type="text"/>	Amount of Coverage: <input type="text"/>	Term: <input type="text"/>	
Insurance was procured from (name of Insurance Company): <input type="text"/>			
	<b>Premium</b>	<b>Tax</b>	<b>Office Use Only</b>
<b>Premium + Fees (Tax Rate 5% of gross premium)</b>	\$ <input type="text"/>	\$ <input type="text"/>	CI 760 121/128

STATE OF  COUNTY OF

I, \_\_\_\_\_, do hereby make oath that the foregoing Statement of Premiums and Tax Payment is in accordance with Tennessee Code Annotated § 56-2-411, and is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Buyer

Subscribed and Sworn before me \_\_\_\_\_  
Date

My commission expires \_\_\_\_\_  
Date

(SEAL)

Make check payable to: **Tennessee Department of Commerce & Insurance**

Mail statement & check to: **State of Tennessee  
 Department of Commerce & Insurance  
 Surplus Lines Division  
 500 James Robertson Parkway, 7<sup>th</sup> Floor  
 Nashville, TN 37243**