

RETURNS TO BE MAILED TO:
New York State Department of Financial Services
Attn: Office of Financial Management
One Commerce Plaza, 18th Floor
Albany, New York 12257

Monthly Returns are due on
or before the 15th day of
the month next succeeding
the month for which the
return is made.

Email questions to: billing@dfs.ny.gov

MOTOR VEHICLE LAW ENFORCEMENT FEE OF THE STATE OF NEW YORK

RETURN for the month of _____, 20____ made in accordance with Insurance Law Section 9110.

NAIC Company Code

Name of Insurance Company

Mailing Address

Contact Name

Phone Number/Email address

An annual motor vehicle law enforcement fee must be collected for each insured vehicle registered pursuant to the provisions of paragraph (b) of subdivision one of Section four hundred one of the New York State Vehicle and Traffic Law. Excluded from the fee are motorcycles, electrically-driven mobility assistance devices operated or driven by a person with a disability, trailers, semi trailers, coach or house trailers, vehicles which run only upon rails or tracks, snowmobiles and all terrain vehicles as described in Articles forty-seven and forty-eight B of the Vehicle and Traffic Law, fire and police vehicles (other than ambulances), farm-type tractors and all terrain type vehicles used exclusively for agricultural or for snow plowing (other than for hire), farm equipment including self-propelled machines used exclusively in growing, harvesting or handling produce, and self-propelled caterpillar or crawler-type equipment while being operated on the contract site.

Indicate basis on which the return is being submitted: Written _____ Collected _____

Number of Vehicles

1. Policies effective or written for a term _____ x \$5.00 =\$ _____
of six months or less

2. Policies effective or written for a term _____ x \$10.00 =\$ _____
of greater than six months

Total Amount Due* \$ _____

*Check for amount due should accompany return and be made payable to the Superintendent of Financial Services.

CERTIFICATION OF ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report is, to the best of my knowledge and belief, a true, correct and complete report.

(Signature of Officer)

(Title)

(Date)

State of _____ County of _____ ss:

(Name and Title of Officer) of the _____
(Name of Corporation)

being duly sworn, deposes and says, that he or she is the above described officer of the said company, and that the foregoing statement hereby subscribed is full, true and correct to the best of his or her knowledge, information and belief.

Subscribed and sworn to before me

this _____ day of _____, 20____

Notary Public