

FIRE INSURANCE FEE OF THE STATE OF NEW YORK

Completed return and remittance should be forwarded to:

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

Returns for the three months' period
 Ending March 31st - due April 15th
 Ending June 30th - due July 15th
 Ending Sept. 30th - due Oct. 15th
 Ending Dec. 31st - due Jan. 15th

Email questions to: billing@dfs.ny.gov

RETURN for the three months' period ending _____, made in accordance with the requirements of Chapter 158 of the Laws of 1982 New York State Insurance Law, Section 9108.

NAIC Company Code	Name of Insurance Company
	Mailing Address
	Contact Name
	Phone Number/Email address

The fee is imposed on premiums for the coverage of the peril of fire only, excluding policies for the protection of household furnishings, one or two-family residential structures, schools, churches, and hospitals. If the fire portion of multiple peril policies cannot be determined, the application of approved percentages may be used.

List below (Column 1) gross direct premiums written, less return premiums and premiums on policies not taken as per the NY Supplement – Exhibit of Premiums & Losses, and (Column 2) the premium portions subject to the Fire Insurance Fee.

<u>Lines to be reported from the NY Supplement Exhibit of Premiums & Losses</u>	<u>Column 1</u>	<u>Column 2</u>
Line 1 – Fire _____	\$ _____	\$ _____
Line 3 – Farmowners Multiple Peril _____	_____	_____
Line 4 – Homeowners Multiple Peril _____	_____	_____
Line 5.1 – Commercial Multiple Peril _____	_____	_____
Total _____	\$ _____	\$ _____
	Amount Payable* _____	\$ _____ x 1.25%

*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)
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State of _____ County of _____ ss:

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