State of Vermont
Department of Banking, Insurance,
Securities and Health Care Administration
89 Main Street, Drawer 20
Montpelier, VT 05620-3101
www.bishca.state.vt.us

For consumer assistance
[Insurance] 800-964-1784
[Securities] 877-550-3907
[Health Care Administration] 800-631-7788

VT Direct Insurance Placement Reporting Form

I certify that the following represents a true account of insurance procured, continued or renewed from a non-admitted or un-authorized insurer under 8 V.S.A. § 5036: "Direct Placement of Insurance" during the calendar year ending December 31, _____, and FURTHER this form constitutes a sworn statement of such business and the appropriate premium tax that will be paid to Vermont Department of Taxes.

_____ _____ _____
Signature for Vermont Insured *Dated* *Typed Signatory Named*

NAME & ADDRESS OF:

Insured VT Risk: _____, _____

Location of Insured VT Risk: _____, _____

Insurance Company: _____, _____

Policy Number and Term: Number: _____From:_____/_____/__ To: ___/_____/___

Description of Coverage: _____

Net Premium $_____

Tax Due at 3% of Premium $ _____

Send one copy of this form to: Vermont Department of Banking, Insurance and Securities and Health Care Administration
Insurance Division
89 Main Street
Montpelier, VT 05620-3101

Send another copy of this form along with a **check** payable to the Vermont Department of Taxes to:

Vermont Department of Taxes
Taxpayer Services Division
109 State Street
Montpelier, VT 05609-1401

The form and payment are due before March 1 of the year after the year in which the insurance is procured, continued or renewed.

Form L104D
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