



State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14, Concord NH 03301

Premium Tax Report

Industrial Insured Unauthorized

[RSA 406-B:16, VI](#)

Multi-State Industrial Insured

[RSA 406-B:16-a](#) [RSA 405-B:5](#)

This report is to be filed before March 1 next succeeding the calendar year in which the insurance was so effectuated, continued, or renewed with the New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, New Hampshire 03301. Checks should be made payable to:

NH Insurance Department.

Person or Organization Insured Address (including Zip Code)

Name of Insurance Manager Contact Email Address **Year-ending December 31, _____**

Contract Number (1)	Effective Date (2)	Expiration Date (3)	Name and Address of Insurance Company (4)	Description of Type of Coverage (5)	Premium Charged (6)	3 % Tax on Premium (7)

NH & Multi-State Risk Premium* – Total Page 1, Col. 6 \$ _____ NH & Multi-State 3% Tax Due* – Total Page 1, Col. 7 \$ _____

*Multi-State Premium must be detailed on Schedule A (Page 2).

Amount Enclosed \$ _____

The undersigned insured hereby acknowledges that the above listed insurance is not eligible for protection under the NH Insurance Guaranty Association.

SIGNED STATEMENT

By signing below, I swear or affirm that I am familiar with the information provided in this report, and that all information provided is true and accurate. I understand that submitting false information in a report may be prosecuted as unsworn falsification, pursuant to RSA 641:3.

Signature Printed Name Date

