

FORM 115AR

REPORT OF PROCUREMENT, CONTINUANCE OR RENEWAL OF INSURANCE WITH UNAUTHORIZED INSURER

(REV. 12/99)

Purpose: This form is used to report insurance coverage obtained from a Connecticut Unauthorized Insurer according to Conn. Gen. Stat. §38a-277.

1. Name and Address of the Insured _____

2. Contract Number _____ Premium Charged \$ _____

3. Effective Date _____ Expiration Date _____

4. Name and Address of the Insurer _____

5. General Description of Coverage _____

6. Subject of the Insurance _____

DECLARATION: I declare under the penalties of false statement that I have examined this report, **FORM 115AR**, *Report of Procurement, Continuance or Renewal of Insurance with Unauthorized Insurer*, and to the best of my knowledge and belief it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Signature of Principal Officer	Title	Date	Telephone Number ()
	Print Name of Principal Officer			
	Paid Preparer's Signature		Date	
	Firm Name and Address			Federal Employer Identification Number

NOTE: According to Conn. Gen. Stat. §38a-277, this report must be filed with the Commissioner of Revenue Services within 60 days after the date insurance is procured, continued or renewed with any unauthorized insurer. A separate report is required for each new or renewed insurance contract. You must also file **Form 115A**, *Premium Tax Return*, and pay a 4% tax on the premium charged for such insurance during the calendar year, on or before March 1 of the next succeeding calendar year.