STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES PO BOX 2990 HARTFORD CT 06104-2990

(REV. 12/00)

## Form 115AR

## Report of Procurement, Continuance or Renewal of Insurance with Unauthorized Insurer

**Purpose:** This form is used to report insurance coverage obtained from a Connecticut Unauthorized Insurer 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.

Name and	Address of Insured					
First Name and	Middle Initial		Last Name			
Address	Number and Street			PO Box		
City, Town or Post Office			State	ZIP Code		
First Name and	Middle Initial		Last Name			
Address	Number and Street			PO Box		
City, Town or Post Office			State	ZIP Code		
Name and	Address of Insurer					
Insurer's Name						
Address	Number and Street			PO Box		
City, Town or F	Post Office		State	ZIP Code		
Insurance	Information					
Contract N	lumber			Effective Date	/ /	
Premium Charged \$				Expiration Date	/ /	
General D	escription of Coverage	)				
Cubicat of	the Incurence					
Subject of	the Insurance					
true, comple	ete, and correct. (The penalty	for false statem	ent is imprisonment no	examined this report and, to the ot to exceed one year or a fine ation of which preparer has an	not to exceed two thousa	
	Signature of Principal Officer		Date		Daytime Telephone Numb	per
Sign Here	Print Name of Principal Officer		Title		/ /	
Keep a copy for your	Paid Preparer's Signature			Date	Preparer's SSN or PTIN	
records.	Firm's Name, Address, and ZIP	Code		,	FEIN	