

Form 115AR

Report of Procurement, Continuance, or Renewal of Insurance With Unauthorized Insurer

Complete this return in blue or black ink only.

Use **Form 115AR, Report of Procurement, Continuance, or Renewal of Insurance With Unauthorized User**, to report insurance coverage obtained from an unauthorized insurer. File this report 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 the insurance during the calendar year on or before March 1 of the following calendar year.

Mail to: Department of Revenue Services
 State of Connecticut
 PO Box 2990
 Hartford CT 06104-2900

Enter your Connecticut Unauthorized Insurance Tax Registration Number, if any. ► _____

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 Post Office	State	ZIP Code

Insurance Information

Contract number: ► _____ Effective date: ► _____ / _____ / _____

Premium charged: ► _____ Expiration date: _____ / _____ / _____

General description of coverage: _____

Subject of the insurance: _____

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here Keep a copy for your records.	Signature of Principal Officer	Date	Daytime Telephone Number ()
	Print Name of Principal Officer	Title	
	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
	Firm's Name, Address, and ZIP Code		Federal Employer ID Number (FEIN)