

b.



Texas Annual Insurance Tax Report - Supplement

(Unauthorized Insurance)

d. Filing period	e.
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a. T Code ■ 71260

c. Taxpayer number	Taxpayer name
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Specific Instructions:

Item 1 - Policy number. Enter the unique identification number assigned to a policy, contract, binder or other evidence of coverage.

Item 4 - Gross Premium Charged. Enter the total amount of premium charged by the insurer for the coverage provided under the policy, regardless of the location of the risks being insured under the policy.

- **Type or print.**
- **Do NOT write in shaded areas.**

Item 5 - Premium allocated to Texas. Enter the amount of premium attributable to the risks or exposures located in Texas. The premium for a multi-state policy should be allocated or apportioned using one of the following apportionment standards:

- percentage of physical assets in Texas;
- percentage of payroll that applies to employees who are located or conducted business in Texas;
- percentage of sales in Texas;
- percentage of time that the insured's conduct or property is exposed to coverage in Texas;
- the total insured value of the property that is located in Texas; or
- any other method of equitable apportionment that is adequately described (attach a separate sheet).

Item 6 - Effective Date of Policy. Enter the date on which coverage under the insurance policy was procured, continued or renewed in the state. Endorsements and audits on unauthorized insurance policies must be reported for the year based on the date when the endorsement or audit occurs, not the date of the original policy.

Item 7 - Type of Insurance. Enter the specific type of insurance provided under the policy: for example, accidental death and dismemberment; corporate-owned life insurance; earthquake; errors and omissions; flood; general liability; professional liability, etc.

1. Policy number	2. Name of insured	3. Name of agent
•	•	•
4. Gross premium charged (Whole dollars only)	5. Premium allocated to Texas (Whole dollars only)	6. Effective date of policy
• \$.00	• \$.00	•
7. Type of insurance		
•		

1. Policy number	2. Name of insured	3. Name of agent
•	•	•
4. Gross premium charged (Whole dollars only)	5. Premium allocated to Texas (Whole dollars only)	6. Effective date of policy
• \$.00	• \$.00	•
7. Type of insurance		
•		

1. Policy number	2. Name of insured	3. Name of agent
•	•	•
4. Gross premium charged (Whole dollars only)	5. Premium allocated to Texas (Whole dollars only)	6. Effective date of policy
• \$.00	• \$.00	•
7. Type of insurance		
•		

1. Policy number	2. Name of insured	3. Name of agent
•	•	•
4. Gross premium charged (Whole dollars only)	5. Premium allocated to Texas (Whole dollars only)	6. Effective date of policy
• \$.00	• \$.00	•
7. Type of insurance		
•		

1. Policy number	2. Name of insured	3. Name of agent
•	•	•
4. Gross premium charged (Whole dollars only)	5. Premium allocated to Texas (Whole dollars only)	6. Effective date of policy
• \$.00	• \$.00	•
7. Type of insurance		
•		

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on the report.

Total Premiums Allocated to Texas for This Page Only (Forward to Form 25-108, Item 1)	\$.00
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