

**STATE OF ALABAMA  
DEPARTMENT OF INSURANCE**

\_\_\_\_\_  
DATE

**REPORT OF INDEPENDENTLY PROCURED INSURANCE WITH INSURER NOT  
LICENSED IN ALABAMA**

CoCode

[Redacted]

\_\_\_\_\_  
Name and Address of Purchasing Group

\_\_\_\_\_  
Name and Address of Insured

Insurer's NAIC # \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Insurer

Kind of Risk Insured and Type of Coverage (Explain Fully) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy Number \_\_\_\_\_

Inception Date \_\_\_\_\_

Term \_\_\_\_\_

Amount of Insurance \_\_\_\_\_

Premium

\$

[Redacted]

Premium Tax Paid

\$

[Redacted]

\_\_\_\_\_  
Signature of Insured

**This report, along with the Tax Payment, must reach the Commissioner of Insurance, State of Alabama, no later than 90 days after effective date of policy.**