



DEPARTMENT OF INSURANCE
STATE OF ARIZONA

Financial Affairs Division- Tax Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3246
Fax: (602) 364-3989
www.id.state.az.us

CERTIFICATION STATEMENT
OF INDUSTRIAL INSURED CONTRACTING WITH
UNAUTHORIZED INSURER(S)

CALENDAR YEAR _____

TO BE ATTACHED TO ARIZONA PREMIUM RECEIPTS TAX RETURN FORM E-INDINS.TAX

CERTIFICATION FOR CONTRACTS WITH UNAUTHORIZED INSURERS IN CALENDAR YEAR: _____

Complete Name of Insured: _____

Insured's Principal Address: _____

Preparer's Name and Title: _____

Telephone Number: _____ E-Mail Address: _____

SEE FORM E-INDINS.INSTRUCTION FOR DEFINITIONS OF INDUSTRIAL INSURED AND RISK MANAGER FOR PURPOSES OF COMPLETING THIS CERTIFICATION STATEMENT.

PART 1

A. Provide the following information applicable to the Insured's Risk Manager:

i. Full Name _____

ii. Degrees and/or designations held are: _____

iii. If an Employee, his/her Title is: _____

B. Specify a **Yes** or **No** Response to each question.

Yes No

i. Did the Insured's annual aggregate gross premiums for insurance on all Property and Casualty risks subject to Article 4.1, Chapter 2 of ARS Title 20 equal \$100,000 or more as of the insured's preceding fiscal year end?

ii. Did the Insured possess a net worth of \$10 million or more as of its preceding fiscal year end as verified by a Certified Public Accountant?

iii. Did the Insured's net revenues or sales exceed \$25 million as of the preceding fiscal year end as verified by a Certified Public Accountant?

iv. Did the Insured have more than 80 full-time employees or equivalent on the date the policy was issued or did the Insured's holding company system have 100 full-time employees or equivalent on the date the policy was issued?

If 2 or more responses to Part 1.B. are YES, disregard Part 2, but sign and date this form on Page 2

CERTIFICATION STATEMENT OF INDUSTRIAL INSURED CONTRACTING WITH UNAUTHORIZED INSURER(S)

PART 2 - To be completed only by Insured's with only 1 or no YES response entered in Part 1 B.

Do you claim to be exempt from the definition of Industrial Insured prescribed in ARS § 20-401.07(B)?

- A. Yes No

If Yes, provide the following information:

- i. Identify all risk(s) insured, other than life disability and annuity contracts and the insurer of each risk. Attach a list in identical format, if needed.

Risk(s)	Complete Insurer Name(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- ii. Name, title and functions of the full-time employee acting as an insurance manager or buyer **or** the name, address and functions of the Insured's regularly and continuously retained qualified insurance consultant (i.e., Risk Manager).

iii. Total aggregate annual premiums of the Insured. \$ _____

iv. Total number of full-time employees of the Insured. _____

v. Any additional information for consideration:

PREPARER'S CERTIFICATION

I hereby certify that I am authorized by the named Insured to prepare this Statement on its behalf and it is true and correct to the best of my information, knowledge and belief.

Signature _____ Date _____

Attach both pages of this document to Premium Receipts Tax Return Form E-IND.INS