

# Form 115AR

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

**Purpose:** Use this form 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.

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 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.

<b>Sign Here</b> <b>Keep a copy for your records.</b>	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			FEIN