



**SCHEDULE OF FEES AND FIRE
DUES FOR TOWN MUTUALS**

Ref: Sections 601.32 and 601.42, Wis. Stat.

INSTRUCTIONS: File this form through the Financial Filing Portal by **March 1**. The filing portal document type is "Schedule of Fees".

For remittances, please refer to oci.wi.gov/Pages/Companies/PremiumTax.aspx

Insurer Name		
Individual Responsible for Preparing Form	Telephone Number	Email

For Year Ending December 31, _____

All Subject Insurers

1. Certificate of Authority Fee.....	\$100.00
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Town Mutual Insurers

2. Fire Department Dues (Line 9, Fire Dues Form, next page)	
3. Less Any Overpayment from Previous Year.....	
4. Quarterly Fire Department Dues Payments to Date.....	
5. Net Fire Dues Payable	
6. TOTAL AMOUNT DUE (Lines 1 and 5).....	

IF NEGATIVE AMOUNT, OVERPAYMENT WILL BE APPLIED TO QUARTERLY INSTALLMENT DUE APRIL 15.

FIRE DEPARTMENT DUES

Ref: Sections 601.93 (2) and 601.42, Wis. Stat.

**FIRE PREMIUMS WRITTEN IN WISCONSIN
For Year Ending December 31, _____**

Lines of Insurance	A Net Direct Premiums Less Dividends	B Present Allocation	C Premiums Subject to Dues
1. Fire		100%	
2. Homeowner's, Farmowner's, Commercial Multiple Peril, and All Other Multiple Peril		30%	
3. Inland Marine (including valuable papers and personal property floater coverages)		25%	
4. Automobile Comprehensive: All policies with deductible	XXX	30%	XXX
5. Full Coverage Automobile Comprehensive: All policies no deductible	XXX	15%	XXX
6. Aircraft Physical Damage	XXX	30%	XXX
7. All Other Applicable Fire Premiums*		100%	
8. Total (Lines 1 through 7)			
Fire Department Dues Rate.....			.02
9. Total Amount Due (Line 8 x .02)			

* All other premiums applicable to motor vehicle insurance, including the fire portion of combined coverages (excluding \$50 deductible comprehensive and full coverage comprehensive), such as fire and theft; or fire, theft, and windstorm, should be reported at the actual fire premium or portion.

The allocation of all other multiple peril premiums including the peril of fire, not covered by the foregoing instructions, shall be on an actual basis or on a basis determined by the company consistent with the current rating plan.

I certify that the above statement is a true and correct representation of amounts due the state of Wisconsin.

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)

OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.