

**FIRE DEPARTMENT DUES REPORT**



State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

Ref: Section 601.93 (2), Wis. Stat.

**INSTRUCTIONS:** Complete and attach this form to Schedule of Taxes and Fees (Nondomestic Insurers) or Schedule of Fees (Domestic Insurers).

Insurer Name		NAIC Group	NAIC Number
State of Domicile	Individual Responsible for Preparing Form		Telephone Number
Individual Responsible for Preparing Form E-mail Address			

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

Lines of Insurance	A Net Direct Premiums Less Dividends	B Finance Charges	C Present Allocation	D Premiums Subject to Dues
1. Fire			100%	
2. Homeowner's, Farmowner's, Commercial Multiple Peril (Lines 5.1 + 5.2), 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			30%	
5. Full Coverage Automobile Comprehensive: All policies no deductible			15%	
6. Aircraft Physical Damage			30%	
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 fire premium applicable to motor vehicle insurance, including the fire portion of combined coverages such as fire and theft; or fire, theft, and windstorm, should be reported on this line.

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.

**TRANSFER AMOUNT ON LINE 9 TO SCHEDULE OF FEES**

**SCHEDULE OF FEES  
Domestic Fire & Casualty**



State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

Ref: Section 601.32, Wis. Stat.

**INSTRUCTIONS:** Please refer to <http://oci.wi.gov/epayment/premtax.htm> for remittance of taxes and fees.  
Complete, sign, and return this form with annual statement to the above address by **MARCH 1**.

Insurer Name	NAIC Group	NAIC Number
Individual Responsible for Preparing Form	Area Code ( )	Telephone Number

For Year Ending December 31, \_\_\_\_\_

1. Annual Statement Filing Fee .....		\$100.00
2. Continuation of Certificate of Authority Fee .....		\$100.00
3. Fire Department Dues (Line 9, Fire Department Dues Report) .....		
4. Any Overpayment From Previous Year .....		
5. Quarterly Fire Department Dues Payments to Date .....		
6. Net Fire Dues Payable (Line 3 minus Lines 4 and 5) .....		
7. Total Amount Due (Lines 1, 2, and 6) .....		

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

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

<b>For Office Use Only</b>	
Initial As Vouchered:	
1. To Allocation Screen	_____
2. To Amount in Letter	_____