

2012 Direct Insurance Carrier Business License Application

Company Name: _____

Company Address: _____

FEIN: _____

Please select the NAICS Code that applies:

- | <input type="checkbox"/> | NAICS Code | Description |
|--------------------------|-------------------|--|
| <input type="checkbox"/> | 524113 | Direct Life Insurance Carriers |
| <input type="checkbox"/> | 524114 | Direct Health and Medical Insurance Carriers |
| <input type="checkbox"/> | 524126 | Direct Property and Casualty Insurance Carriers |
| <input type="checkbox"/> | 524127 | Direct Title Insurance Carriers |
| <input type="checkbox"/> | 524128 | Other Direct Insurance (except Life, Health, and Medical) Carriers |
| <input type="checkbox"/> | 524130 | Reinsurance Carriers |

	Number of Additional Locations	Fee	Total Amount Due
License fees for additional business locations	_____	<u>\$100.00</u>	\$ _____
Additional business locations with certain risks	_____	<u>\$35.00</u>	\$ _____
		Subtotal:	\$ _____
		Insurer Annual License Fee:	<u>\$100.00</u>
		Total Amount Due:	\$ _____

Signature: _____

Name and Title: _____

Phone: _____

Email: _____

Date: _____

Michael G. Davis Mayor

Denis Shortal City Council Post 1

Adrian Bonser City Council Post 2

Doug R. Thompson City Council Post 3

Terry Nall City Council Post 4

Lynn Deutsch City Council Post 5

John Heneghan City Council Post 6