

INSURER'S SALES REPORT
Submit 30 Days Prior to the Intended Sale

Date: _____

Insurer: _____

State Agency: _____

If a particular division is purchasing, division name: _____

State Agency contact: _____ Phone/e-mail: _____

Type of Policy: _____ Policy Number: _____

Policy Term: _____ Years Eff. Date: _____ Exp. Date: _____

Total Premium: \$ _____ Annual Installments: \$ _____

Auditable: Yes No How often? Annually Quarterly Monthly

Coverages:

Property covered: (submit schedules) _____

Property valuation: Replacement Cost Actual Cost Value Agreed Amount

Coinsurance applicable: _____ % None Deductible: \$ _____

Liability exposures covered: _____

Limits: _____ Deductible: \$ _____

Exclusions: (other than those usual to the policy form) _____

Terms And Conditions:

Any special terms or conditions applicable? Yes No If yes, explain or provide copy

Endorsements:

List: (Number and edition) _____

Submit copies of manuscript, special or amended endorsements

Insurance Agency: _____

Agent: _____ Phone/e-mail: _____

Person submitting report: _____ Phone/e-mail: _____