Form BR-9 MS (Multi-State Policies)

COMMONWEALTH OF MASSACHUSETTS
Division Of Insurance

Per Policy Premium Allocation by State
Year Ending December 31, 2014

Special Broker Name: _____
Special Broker License # _____

Name of Insured: _____
Policy Number _____
Description of Risk _____
Location of Risk _____
Type of Coverage _____
Amt of Coverage _____
Policy Effective Date _____
Total Gross Premium $ _____
Total Return Premium $ _____
Total Net Premium $ _____
Insurance Co. Name _____
Insurance Co. NAIC # _____
Home State: **Massachusetts**

	Exposure State	$ Gross Premium	$ Returned Premium	$ Net Premium	Tax Rate %	Tax Due $	Misc. Fees Due	Total Tax and Fees Due
1	**Massachusetts**				4.00%			
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
	TOTAL							

SPECIAL BROKER SIGNATURE _____ DATE _____