



# 2020 Fire Premium Report

## Informational Report on Fire, Lightning, Sprinkler Leakage and Extended Coverage Premiums Due March 1, 2021

Check if:		<input checked="" type="checkbox"/> Amended Return	<input checked="" type="checkbox"/> No Activity Return
Name of Insurance Company	NAIC Number	Minnesota Tax ID (required)	State/Country of Incorporation
NAMEXX	12345678900	12345678900	XXXXXXXXXXXXXXXXXX

**Note:** Numbers in parentheses refer to line numbers on NAIC Minnesota state page. Also include all finance and service charges.

	A	B	C	D	E
	Gross Direct Minus Return Premiums	Dividends	Net Premiums (A minus B)	% Fire and Extended Coverage	Net Applicable Premiums (C times D)
<b>1</b> Fire, lightning and sprinkler leakage (1) . . . . . <b>1</b>	1234567890	1234567890	1234567890	100%	1234567890
<b>2</b> Allied lines					
a Crop (2.1) . . . . . <b>2a</b>	1234567890	1234567890	1234567890	1%	1234567890
b Other than crop (2.1) . . . . . <b>2b</b>	1234567890	1234567890	1234567890	30%	1234567890
<b>3</b> Multi-peril					
a Farmowners (3) . . . . . <b>3a</b>	1234567890	1234567890	1234567890	35%	1234567890
b Homeowners (4) . . . . . <b>3b</b>	1234567890	1234567890	1234567890	35%	1234567890
c Commercial nonliability (5.1) . . . . . <b>3c</b>	1234567890	1234567890	1234567890	55%	1234567890
d Commercial liability (5.2) . . . . . <b>3d</b>	1234567890	1234567890	1234567890	35%	1234567890
<b>4</b> Inland marine (9) . . . . . <b>4</b>	1234567890	1234567890	1234567890	15%	1234567890
<b>5</b> Earthquake (12) . . . . . <b>5</b>	1234567890	1234567890	1234567890	15%	1234567890
<b>6</b> Aircraft physical damage (22) . . . . . <b>6</b>	1234567890	1234567890	1234567890	10%	1234567890
<b>7</b> Other fire, lightning, sprinkler leakage, extended coverage . . . . . <b>7</b>	1234567890	1234567890	1234567890	%	1234567890
<b>8</b> Add lines 1 through 7, column E . . . . . <b>8</b>					1234567890

Premiums for Fire State Aid

**No payment due. For informational purposes only. Attach this report to your Form M11. Keep a copy for your records.**

*I declare that this return is correct and complete to the best of my knowledge and belief.*

Sign Here	Authorized Signature	Title	Date	Daytime Phone	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer.
	NAME HEREXXXXXXXXXXX	NAME HERE	12051966	612 6781 234	
	Signature of Preparer	Print Name of Preparer	Date	Daytime Phone	
	NAME HEREXXXXXXXXXXX	NAME HERE	12051966	612 6781 234	

Mail to: Minnesota Department of Revenue, Mail Station 1780, 600 N. Robert St., St. Paul, MN 55145-1780.  
Do not send to the Minnesota Department of Commerce.