

FORM NO. ID-14.1

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE**

**REPORT OF INDEPENDENTLY PROCURED INSURANCE
WITH INSURER NOT LICENSED IN ALABAMA**

NAME AND ADDRESS OF INSURED _____

INSURER'S NAIC # _____
NAME AND ADDRESS OF INSURER _____

KIND OF RISK INSURED AND TYPE OF COVERAGE (EXPLAIN FULLY)

POLICY NUMBER _____ INCEPTION DATE _____ TERM _____

AMOUNT OF INSURANCE _____ PREMIUM _____ TAX _____

SIGNATURE OF INSURED _____

This report must reach the Commissioner of Insurance, State of Alabama, Department of Insurance, P.O. Box 303351, Montgomery, Alabama 36130-3351 no later than 90 days after the effective date of the policy.