MINNESOTA · REVENUE

**IG262**

# 2011 Fire Safety Surcharge Return for Mutual Companies

**Print or type**

Check if: ☐ Amended return ☐ No activity

| Name of insurance company | Check if new name or address ☐ | FEIN | Minnesota tax ID *(required)* |
|---|---|---|---|
| Mailing address | | NAIC number | State/country of incorporation |
| City | State Zip code | Contact person | |
| Email address | Website address | Daytime phone | Fax number |

For the period of *(check one)*:

☐ Jan. 1 – March 31, 2011 (Due May 15) ☐ April 1 – June 30, 2011 (Due August 15) ☐ July 1 – Sept. 30, 2011 (Due November 15) ☐ Oct. 1 – Dec. 31, 2011 (Due February 15, 2012)

**Figure the surcharge**

***Note:*** *Numbers in parentheses refer to line numbers on NAIC Minnesota state page.*

| | | A Total direct premiums | B Dividends | C Net direct premiums (A minus B) | D % of fire | E Minnesota basis (C times D) |
|---|---|---|---|---|---|---|
| 1 | Fire *(1)* | 1 | | | 100% | |
| 2 | Allied lines | | | | | |
| a | Crop (2.1) | 2a | | | 1% | |
| b | Other than crop (2.1) | 2b | | | 30% | |
| 3 | Multi-peril | | | | | |
| a | Farmowners *(3)* | 3a | | | 35% | |
| b | Homeowners *(4)* | 3b | | | 35% | |
| c | Commercial nonliability *(5.1)* | 3c | | | 55% | |
| d | Commercial liability *(5.2)* | 3d | | | 35% | |
| 4 | Inland marine *(9)* | 4 | | | 15% | |
| 5 | Ocean marine *(8)* | 5 | | | 15% | |
| 6 | Earthquake *(12)* | 6 | | | 15% | |
| 7 | Auto physical damage (21.1-21.2) *(total commercial and private)* or itemize combined auto comprehensive fire premiums *(lines 7a-7f)* | 7 | | | 7% | |
| a | Comprehensive fire, theft and miscellaneous *(exclude collision)* | 7a | | | 19% | |
| b | Comprehensive fire, theft and miscellaneous with deductible *(exclude collision)* | 7b | | | 35% | |
| c | Fire and theft combined | 7c | | | 75% | |
| d | Fire, theft and miscellaneous | 7d | | | 50% | |
| e | Fire | 7e | | | 100% | |
| f | Collision and others | 7f | | | % | |
| 8 | Aircraft physical damage *(22)* | 8 | | | 10% | |
| 9 | Other fire *(itemize on a separate schedule)* | 9 | | | % | |

| | | | |
|---|---|---|---|
| 10 | Taxable fire premiums *(add lines 1 through 9, column E)* | 10 | |
| 11 | Surcharge rate | 11 | .005 |
| 12 | Fire insurance surcharge liability *(multiply line 10 by the rate on line 11)* | 12 | |
| 13 | Penalty *(see instructions)* | 13 | |
| 14 | Interest *(see instructions)* | 14 | |
| 15 | **TOTAL AMOUNT DUE (or overpaid)** *(add lines 12 through 14)* | 15 | |

**If you owe additional tax (make separate payments for each period):**

Payment method: ☐ Electronic payment ☐ Check *(payable to Minnesota Revenue; write MN tax ID number on check; attach Form PV55)*

Enter amount paid _____ Date paid _____ *(If amount paid is different from line 15, attach an explanation.)*

**If you overpaid:** Overpayments will be refunded.

**Sign here**

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

| Authorized signature | Title | Date | Daytime phone | ☐ I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer. |
|---|---|---|---|---|
| Signature of preparer | Print name of preparer | Date | Daytime phone | |

Mail to: Minnesota Revenue, Mail Station 1780, St. Paul, MN 55145-1780