Policy Number

Affidavit Number

Excess Line Broker Information:						
Name:						
Address:						
City	State	Zip Code				
	Risk Information					
Insured Name:						
Insured Address:						
City	State	Zip Code				

Insurance Carriers Assuming Risk:					

Calculation of Premium Tax Allocat	ion						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Classification Code(s) and Method(s) of Allocation as					Premium Allocated to	Tax Due to New York
	indicated in the Allocation	Total Amount of	U.S.	Ratio of	Total Gross Policy	U.S. Multiply Col. 4 by	Multiply Col. 6 by
ELANY Statistical Code and Description	Schedule*	Exposure**	Exposure**	Col.3/Co.2	Premium	Col. 5	3.6% (0.036)
				Total	\$	\$	\$

\*(1) If policy covers more than one classification enter each classification code separately.

(2) For any portion of the premium that is not divisible, list all coverages and specify the predominant coverage.

(3) If classification code and method of allocation for all or any portion of the policy is not listed in the

Allocation Schedule, attach explanatory memorandum describing the property or risk and supporting the alternative equitable method of allocation used for any such portion.

\*\* Indicate the units, insured values, numbers, etc., upon which the allocation is made.

## Certification

The undersigned certifies that the information contained herein, including all attached supporting documentation, is true to the best of my knowledge, belief and information under penalties of perjury.