

SLA # _____

For the 1 2 3 4 Quarter 20__
(circle one)

STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE
THE SURPLUS LINES EXAMINING OFFICE

SCHEDULE SHOWING FIRE PREMIUMS AND TAXES PAYABLE

Mail to:
NEW JERSEY STATE FIREMEN'S ASSOCIATION
1700 Galloping Hill Rd Kenilworth, NJ 07033-1303

Producer Name _____

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(1) ISO CODE	(2) LOCATION OF RISK <small>(Municipality of Fire District)</small>	(3) Zip Code	(4) PREMIUM	(5) FRA TAX
			\$	\$