



FORM INS

INSURANCE COMPANY

COMPANY NAME: _____ BUS. PHONE: _____

HOME OFFICE ADDRESS: _____

Zip code

NAME AND TITLE OF OFFICIAL
EXECUTING APPLICATION :

FOR THE PURPOSE OF TAXATION UNDER CHAPTER 12, SECTION 12.12 (92) OF THE CITY OF MARGATE CODE OF ORDINANCES, INSURANCE COMPANIES ARE CLASSIFIED AND DEFINED AS FOLLOWS:

1. Casualty and liability insurance companies, including bonding companies, writing (a) Accident and Health Insurance; (b) bonds; (c) Burglary Insurance; (d) Liability Insurance, including employers, public, automobile, personal injury, property damage and collision; (e) plate glass insurance; (f) workman's collective insurance issued to employers of labor.
2. Fire Insurance Companies, including Tornado and Windstorm
3. Industrial insurance companies, including Funeral Benefit Associations.
4. Life insurance companies.

Companies writing more than one kind or class of insurance shall pay **\$80.00 FOR EACH CLASS THEREOF**. In the event there shall be more than one Local Agent representing an insurance company in the selling of any one of the kinds or classes of insurance, the sum of **\$80.00 SHALL BE PAID ON ACCOUNT OF EACH SEPARATE AGENCY**. However, if a company is represented by only one Local Agent, selling only one class of insurance, **EACH COMPANY SHALL PAY \$120.00**.

NAME AND ADDRESS OF EACH LOCAL AGENT CLASSIFICATION OF INSURANCE WRITTEN

The undersigned does hereby request a Local Business Tax Receipt be issued on the basis of and subject to the herein information, with the understanding that all City of Margate Ordinances will be complied with, whether specified or not.

Applicant's Signature

Date