

**INSURANCE PREMIUM TAX**  
(Chapter 624, F.S., Florida Department of Revenue  
Insurance Premium Taxes & Fees, Form DR-908)

ATTACHMENT TO  
REQUEST TO PARTICIPATE IN THE  
CERTIFIED AUDIT PROGRAM  
(FORM DR-342000)

Entity Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

	YES	NO
1. Is the entity a surplus lines agent writing surplus lines property insurance?	___	___
2. Does the entity write insurance policies or contracts covering property, subjects, or risks located, resident, or to be performed in Florida, excluding warranty premiums?	___	___
3. Does the entity have receipts on annuity policies or contracts paid by holders in Florida?	___	___
4. Is the entity licensed to write insurance policies?	___	___
5. Is the entity a Risk Retention Group domiciled in Florida and registered with the Florida Department of Insurance?	___	___
6. Is the entity a commercial, group pooling, or medical malpractice self insurer?	___	___
7. Is the entity an assessable mutual insurer?	___	___
8. Is the entity a fraternal benefit society?	___	___
9. Is the entity a Joint Underwriting Association?	___	___
10. Is the entity an industrial captive insurer?	___	___
11. Is the entity a legal domicile of the State of Florida?	___	___

I declare that I have answered the above questions, and to the best of my knowledge and belief they are true, correct and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of taxpayer

\_\_\_\_\_  
Title