



THE INSURANCE COMMISSION
OF THE BAHAMAS

QUARTERLY PREMIUM TAX PAYMENT – COVER NOTE

Payment Period (Quarter-end): _____

Name of Company: _____

Payment Amount*: _____

I, hereby confirm, that Gross Premiums Written for the reporting period, totalled
\$ _____, resulting in a 3% Premium Tax of
\$ _____.

Reporting Officer: _____

Print Name: _____

Title: _____

*(*N.B. – Please make cheque payable to “The Insurance Commission of The Bahamas” and remit payment to the Commission's Office – 3rd Floor, Charlotte House Building- Shirley & Charlotte Streets)*