FORM I-8

DEPARTMENT OF REVENUE AND TAXATION
GOVERNMENT OF GUAM
STATEMENT OF COMMERCIAL AND INDUSTRIAL
LIABILITY INSURANCE PREMIUMS
WRITTEN IN GUAM

NAIC NO.:	**EIN:**
COMPANY NAME: **FOR CALENDAR YEAR December 31, _____**	
MAILING ADDRESS:	

		Total Premiums
1.	Commercial and Industrial Liability Insurance as reported on Line 17, Page 15, Direct Business in Guam of Annual Statement.	$_____
2.	Commercial Auto Liability Insurance As reported on Line 19.4, Page 15, Direct Business in Guam of Annual Statement.	$_____
3.	Total Premiums Written	$_____
4.	Assessment	_____2%_____
5.	Amount of assessment payable to The Treasurer of Guam	$_____

Under penalty of perjury, I declare that this statement has been examined by me and to the best on my knowledge and belief is a true, correct and complete statement.

_____ _____
Contact Person Signature of Officer Date

_____ _____
Telephone Number Name and Title (Type or Print)