



**Financial Affairs Division
Arizona Department of Insurance**

100 North 15th Avenue, Suite 102, Phoenix, Arizona 85007-2624
Phone: (602) 364-3245
Web: <https://insurance.az.gov/>

**PRODUCER CONTROLLED PROPERTY AND CASUALTY INSURANCE REPORT
DUE APRIL 1**

Required to be completed and filed by Arizona Domestic property and/or casualty insurer

ENTER THE CALENDAR YEAR FOR WHICH THIS REPORT IS BEING FILED: _____

Company Name: _____ **NAIC Number:** _____
Address: _____
City, State, Zip: _____

Instructions: Each domestic insurer licensed to transact property or casualty insurance **is required to complete Section I** of this form for each producer who "controls" such insurer **OR Section II** of this form indicating that the requirements of Arizona Revised Statutes § 20-487 *et seq.* have been reviewed and that there is no controlling producer information to be reported.

SECTION I - To be completed by a producer controlled property and/or casualty insurer

Name of Controlling Producer: _____
Address: _____
City, State, Zip: _____
Controlling Producer Arizona License Number: _____
1. Amount of commission paid to Controlling Producer: \$ _____
2. Percentage such amount represents of net premium written: _____ %
3. Comparable amounts and percentages paid to non-controlling producers for placement of the same kinds of insurance: _____
Attach a list if more space needed.

Arizona License Number: _____	Commission paid: \$ _____	Percentage: _____ %
Arizona License Number: _____	Commission paid: \$ _____	Percentage: _____ %
Arizona License Number: _____	Commission paid: \$ _____	Percentage: _____ %

4. As required by ARS § 20-487.02(C), attach the opinion of an independent casualty actuary or other independent loss reserve specialist who is acceptable to the Director, that reports loss ratios for each line of business written and attests to the adequacy of loss reserves established for losses incurred and outstanding, including incurred but not reported, as of the year end on business placed by the producer.

PREPARED BY:

Preparer's Name and Title _____	Preparer's Signature _____
E-MAIL Address: _____	Phone: _____

SECTION II - To be completed by a property and/or casualty insurer that is NOT producer controlled

It is hereby certified that the Reporting Insurer named above is not issuing any property or casualty insurance coverage that are, or may be, reportable under ARS § 20-487 *et seq.*

Authorized Signature for Certification _____	Authorized Signer's Name and Title _____
----------------------------------------------	------------------------------------------