

**SUPPLEMENTAL APPLICATION FOR MUNICIPAL AND COUNTY TAXES**

**STATES OF ALABAMA, ARKANSAS, DELAWARE, FLORIDA  
KENTUCKY, LOUISIANA, MARYLAND, NEVADA AND SOUTH CAROLINA**

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Named Insured

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Policy Number

1. The garaging location of the Insured's equipment is:

Same as the mailing address.

Other \_\_\_\_\_

Name of City

\_\_\_\_\_  
(Name of County)

(Kentucky and  
Delaware Only)

\_\_\_\_\_  
(Name of State)

2. The garaging location is:

Inside the city limits.

Outside the city limits.

3. The business location of the Insured is:

Same as the mailing address.

Other \_\_\_\_\_

Name of City

\_\_\_\_\_  
(Name of County)

(Kentucky and  
Delaware Only)

\_\_\_\_\_  
(Name of State)

4. The business location is:

Inside the city limits.

Outside the city limits.

5. Federal Employers Identification number is:

\_\_\_\_\_

(Florida, Maryland and Nevada Only)

6. South Carolina Only

The Producing Agent is located in: \_\_\_\_\_

(City)

Inside the city limits.

Outside the city limits.

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Name and Signature of Person Completing Form