

**CITY OF EL SEGUNDO
UTILITY USERS TAX EXEMPTION REQUEST FORM
FOR INSURERS AND INSURANCE AGENTS**

Company Name: _____

Company Address: _____

Company Phone No.: _____ **Type of Business:** _____

License Number: _____ **Status (active or inactive):** _____

Address of each property for which you are requesting an exemption and a description of its use:

NOTE: EXEMPTION REQUESTS APPLY ONLY TO THE ABOVE LISTED ADDRESSES.

Please attach to this application the following information:

- A. Insurers: copy of proof of payment of State Gross Premiums Tax*
- B. Broker-agents: copy of agency appointments or action notices*
- C. A copy of a recent utility bill from each utility provider for which you are requesting an exemption. NOTE: Exemptions are valid only for utility services for which a recent bill is received by the City. If you change utility providers at any time, you must notify the City of the new utility provider to receive an exemption for the new utility service.*

This application for exemption from the City's Utility Users Tax is valid only for insurers that pay a "Gross Premiums Tax" under California state law, and broker-agents acting as "agents." See California Constitution, Article XIII, Section 28. Note: broker-agents acting as brokers and agents are exempt from paying the Utility Users Tax as agents, but must pay the tax on the "brokered" portion of their income.

DECLARATION

I declare, under penalty of perjury, that the undersigned company is an insurer or insurance broker-agent, licensed and in good standing under the laws of the State of California, and that to the best of my knowledge and belief the statements herein, and any attachments hereto, are true and correct.

Date: _____ **Signed:** _____

Phone: _____ **Print Name/Title:** _____

MAIL TO : CITY OF EL SEGUNDO
ATTN: FINANCE DIRECTOR
350 MAIN STREET
EL SEGUNDO, CA 90245