

**City of Tuscaloosa Police Officers and Firefighters Pension Retirement Plan**  
**Tony Klostermann, Chairman**



Please submit all affidavits electronically to:  
[tuscopfplan@gmail.com](mailto:tuscopfplan@gmail.com)

All payments should be made electronically.  
Should you have any issues or questions,  
please contact Eric Davis at (205) 248-4506

**Re: Notification of Annual fire insurance premium percentage filing due no later than April 1, 2022**

Pursuant to Act 99-568, each and every entity offering fire insurance coverage by doing business within the City of Tuscaloosa, including mutual and industrial fire insurance entities, must pay a percent of gross premiums written and renewed to the City of Tuscaloosa Police Officers and Firefighters Pension Retirement Plan. The amount due annually is a sum equal to one and one-half percent (1.5%) of the gross premiums, including all renewals but less any returned premiums, received by each and every entity subject to this Act during the calendar year 2021.

The **attached affidavit response form** should be used in calculating and reporting your payment obligation as legally required under the Act. **This notarized form must be received by April 1, 2022.**

**If no payment is due, please submit the separate zero reporting form also available on the Pension website. A zero report reply is required even if you determine that no payment is owed.** If you believe your company does not owe this fee for any reason, please go to [www.tuscopfplan.com](http://www.tuscopfplan.com), download and complete the Zero Reporting Form. **Please submit all zero report affidavits electronically to [tuscopfplan@gmail.com](mailto:tuscopfplan@gmail.com).** Failure to timely reply will subject your company to a penalty.

**Please be aware that there are mandated penalties for failing to timely respond.** The notarized affidavit and the 1.5% fee, if due, must be received no later than the first day of April, 2022. Failure to respond by this date will result in a penalty of One Thousand Dollars (\$1000.00), payable to the Retirement Plan. The Board will take whatever measures are necessary to enforce the provisions of the Act.

**Please return the notarized response affidavit for each reporting entity to: [tuscopfplan@gmail.com](mailto:tuscopfplan@gmail.com).** Once you use the fillable form Affidavit, the ACH information will be automatically sent to you. All payments should be submitted electronically as outlined in the ACH information sheet. All submissions should be paperless as the attached outlines.

**All payments should be made electronically and **received no later than April 1, 2022.****

Thank you for your anticipated reply. If you have any questions, please contact Alyce Spruell, counsel for the Pension Retirement Board, at (205) 469-2416, or by email at [aspruell@rosenharwood.com](mailto:aspruell@rosenharwood.com).

Sincerely,

*Tony Klostermann*

Chairman, Tuscaloosa Police Officers and Firefighters Pension Retirement Board  
November 17, 2021

**CITY OF TUSCALOOSA POLICE OFFICER'S AND FIREFIGHTER'S RETIREMENT PLAN  
 CERTIFICATE TO BE USED IN REPORTING ALL CATEGORIES OF FIRE  
 INSURANCE WRITTEN FOR THE PURPOSE OF CALCULATING CONTRIBUTIONS  
 DUE THE PLAN**

**THIS FORM MUST ALSO BE RETURNED EVEN IF NO PAYMENT IS DUE.**

**Due for all fire insurance coverage issued on property, including mutual and industrial fire insurance entities:** *(include all lines which insure property against the risk of loss by fire, calculated on the portion of the premium attributed to fire insurance coverage).*

Include all gross premiums, including renewals but less return premiums, on policies issued during the preceding year on property located within the City of Tuscaloosa insuring against risk of fire. **Every registered entity that issued a policy must report.**

PLEASE PRINT THE LEGAL NAME OF THE REPORTING ENTITY AS REGISTERED WITH THE ALABAMA DEPARTMENT OF INSURANCE:

| Types of Coverage | Number of policies from which the reported premiums came | The percent of policies allocable fire | Dollar amount of policies / renewals |
|-------------------|--|--|--------------------------------------|
| Fire/Marine/Boat  |  |  |                                      |
| Homeowners        |  |  |                                      |
| Auto Comp.        |  |  |                                      |
| All Other         |  |  |                                      |

**IMPORTANT**  
 Attach an exhibit which supports how calculation of **TOTAL DUE** was determined.

**Total from above**

\$ \_\_\_\_\_

**TOTAL DUE @ 1.5%**

\$ \_\_\_\_\_

**All responses received late shall be subject to penalty.**

**NOTE:** This is for year **2021** revenue. Your company is subject to a **\$1000.00 penalty** if your response is not received by **April 1, 2022.**

Please email the notarized response affidavit to:  
[tuscopflplan@gmail.com](mailto:tuscopflplan@gmail.com)

All payments should be made electronically.  
 Questions? Please contact Eric Davis at (205) 248-4506  
[edavis@tuscaloosa.com](mailto:edavis@tuscaloosa.com)

Questions? Please contact:  
[aspruell@rosenharwood.com](mailto:aspruell@rosenharwood.com)

**AFFIDAVIT:** State of \_\_\_\_\_, County of \_\_\_\_\_  
 I, \_\_\_\_\_, after being duly sworn by the undersigned Notary Public, state that I am duly authorized to file this report for:

\_\_\_\_\_  
 (Name of Reporting Entity)

and whose address is registered with the State of Alabama Department of Insurance as:

\_\_\_\_\_  
 (Address including, City, State, Zip)

With registered contact as: \_\_\_\_\_ and whose Phone Number is \_\_\_\_\_ and that I do hereby certify under oath that I do hereby certify (Phone Number, including area code)

under oath the amounts shown above are the total amount of premium revenues as defined above and collected in year **2021** on policies issued by the above entity on business written by each agent or representative of the Reporting Entity, and any related entities, and that there have been no deductions for reinsurance or dividends paid. **I also certify that payment has been electronically submitted simultaneously with the submission of this affidavit.**

\_\_\_\_\_  
 (signature)

BY: \_\_\_\_\_ Title: \_\_\_\_\_  
 telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Sworn to before me the undersigned notary on this the** \_\_\_ day of \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_ (signature) \_\_\_\_\_ (seal)  
 Print notary name: \_\_\_\_\_ My term expires: \_\_\_\_\_