**REPORT**

**From a payer of the levy on non-life insurance business premiums under Section 68a the Act No 39/2015 on insurance and on amendments to certain laws, as amended**

**For the calendar year 20 . .**

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|  | **January - November** |  |
| **December** |  |

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| **Type of report** | **Regular** |  |
| **Amended** |  |
| **Additional** |  |

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| **Premium levy payer details** | | |
| 01 | Tax ID *(DIČ*), or Master Tax Payment Reference (*OUD*) if no Tax ID has been assigned |  |
| 02 | Name1) |  |
| Registered office: | | |
| 03 | Street and street/registration number |  |
| 04 | Post code, municipality/town |  |
| 05 | Country |  |

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| 1. | Total premiums received |  |
| 2. | of that, amount of premiums subject to levy |  |
| 3. | Total number of policies |  |
| 4. | of that, number of policies subject to levy |  |

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| **Details of the items included in the calculation of the sum subject to levy on non-life business premiums and the amount of levy** | | | |
|  | | Sum subject to levy2) | 8% levy3) |
| 1 | Accident insurance |  |  |
| 2 | Disease insurance |  |  |
| 3 | Land vehicle insurance (except railway rolling stock) |  |  |
| 4 | Railway rolling stock insurance |  |  |
| 5 | Aircraft insurance |  |  |
| 6 | Navigating vessel insurance |  |  |
| 7 | Goods in transit insurance, including luggage and other property |  |  |
| 8 | Insurance against damage to or loss of other property |  |  |
| 9 | Insurance against other damage to or other loss of other property |  |  |
| 10 | Carrier liability insurance |  |  |
| 11 | Aircraft liability insurance |  |  |
| 12 | River, canal, lake or marine vessel liability insurance |  |  |
| 13 | General liability insurance |  |  |
| 14 | Credit insurance |  |  |
| 15 | Suretyship insurance |  |  |
| 16 | Insurance against miscellaneous financial losses |  |  |
| 17 | Legal expense insurance |  |  |
| 18 | Assistance services |  |  |
|  | TOTAL: |  |  |

|  |  |
| --- | --- |
| **I hereby declare that all entries in this Report are accurate and complete.** | |
| Prepared by: (first and last name): | Signature of the premium levy payer’s statutory body or authorised signatory |
| Date: |

**Explanations for the completion of this report:**

1. Indicate the name of the premium levy payer, which is an insurance company, an insurance company of another member state, or a branch of a foreign insurance company
2. Indicate the sum of received premiums subject to levy based of the insurance business lines listed in Annex 1 Part A Articles 1 to 9 and 10 (b) and Articles 11 to 18 of the Act No 39/2015 on insurance and on amendments to certain laws, as amended, in respect of policies incepted after 31 December 2016.
3. Indicate the amount of levy on non-life business premiums.