



2002 ECONOMIC CENSUS INSURANCE CLASSIFICATION

FORM
FI-52490

OMB No. 0607-0882: Approval Expires 07/31/2004

DUE DATE
FEBRUARY 12, 2003

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

Need help or have questions about filling out this form?

Visit our Web site at
www.census.gov/econhelp

- OR -

Write to the address above.
Include your 11-digit Census File Number (CFN) printed in the mailing address.

FI-52490

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes.
- Do not put slashes through 0 or 7.

Examples:

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed.

1-2 Not Applicable.

3 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address?
(P.O. box and rural route addresses are not physical locations.)

0031	<input type="checkbox"/> Yes	0035 Number and street							
0032	<input type="checkbox"/> No - Enter physical location →	0036 City, town, village, etc.				0037 State	0038 ZIP Code		

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

0041	<input type="checkbox"/> Yes	0042	<input type="checkbox"/> No	0043	<input type="checkbox"/> No legal boundaries	0044	<input type="checkbox"/> Do not know
------	------------------------------	------	-----------------------------	------	--	------	--------------------------------------

C. Type of municipality where this establishment is physically located

0046	<input type="checkbox"/> City, village, or borough	0047	<input type="checkbox"/> Town or township	0048	<input type="checkbox"/> Other or do not know
------	--	------	---	------	---

4-17 Not Applicable.

18 KIND OF BUSINESS

Principal kind of business in 2002
 (Mark "X" only ONE box.)

- 0700 524 210 00 21 Insurance agent
- 524 210 00 39 Insurance broker
- 531 210 10 57 Real estate agent - residential
- 524 210 00 B1 Risk finance consultant
- 523 930 00 30 Pension, health, and/or welfare fund asset consultant
- 524 292 10 20 Pension, health, and/or welfare fund administrator
- 524 291 00 49 Insurance claims appraiser or adjuster
- 524 292 90 31 Insurance claims processing service
- 524 298 00 34 Insurance rate-making organization
- 541 191 00 10 Title abstract or settlement offices
- 525 190 00 48 Insurance guaranty association or fund
- 775 000 00 15 Other kind of business or activity - *Specify* ↴

0701

19-28 Not Applicable.

29 OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
 (Mark "X" only ONE box.)

- 0011 In operation
- 0013 Temporarily or seasonally inactive
- 0014 Ceased operation - *Give date at right* →
- 0015 Sold or leased to another operator - *Give date at right AND enter new name and mailing address below* ↴

0018		
Month	Day	Year

0060 Name of new owner or operator		0061 Employer Identification Number		
		Enter EIN of new owner (9 digits) →		
0062 Mailing address (number and street, P.O. Box, etc.)				
0063 City, town, village, etc.		0064 State	0065 ZIP Code	



52490026

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

Remarks (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

0078 Yes 0079 No - Enter time period covered →

FROM 0070	Month	Year	TO 0071	Month	Year

0072 Name of person to contact regarding this report	0073 Title

Telephone 0074	Area code	Number	Extension	Fax 0075	Area code	Number
		-				-

0076 Internet e-mail address	Date completed 0069	Month	Day	Year

Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.



52490034