

REINSURANCE SUMMARY STATEMENT
(ORIGINAL ONLY)

The Reinsurance Summary Statement must contain information about each treaty pursuant to Rule 690-137.001, Florida Administrative Code.

COMPANY: _____

TREATY NUMBER: _____ DATE FILED WITH THE OFFICE: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

REINSURER(S) (INCLUDE % PARTICIPATION): _____

BROKER: _____ BROKER FEE: _____

TYPE OF TREATY: _____

TYPES OF RISKS CEDED: _____

ATTACHMENT POINT: _____

LOSS TRIGGERS: _____

REINSURER'S LIMITS: _____

TERRITORIAL LIMIT: _____

COMMISSION: _____

EXPENSE ALLOWANCE: _____

PROFIT COMMISSION (IF APPLICABLE): _____

DEPOSIT PREMIUM: _____

REPORT REQUIREMENTS: _____

REMITTANCE REQUIREMENTS:

IS PAYMENT BASED ON WRITTEN OR EARNED PREMIUM?: _____

AMOUNT DUE TO REINSURER(S): _____

DUE DATE (INCLUDE % PER INSTALLMENT, IF APPLICABLE): _____

PORTFOLIO TREATIES: _____

ENTER DATE AND AMOUNT CEDED: _____

WITHDRAWAL DATE: _____

UNEARNED PREMIUM TRANSFER (YES OR NO) _____

LOSS PORTFOLIO TRANSFER (YES OR NO) _____

CANCELLATION PROVISIONS: _____

COMMUTATION PROVISIONS: _____

SPECIAL CLAUSES: _____

SPECIAL CONDITIONS: _____

SPECIAL EXCLUSIONS: _____

SPECIAL TERMINATIONS: _____

NOTARY PUBLIC

DATE

COMPANY OFFICER

DATE