

**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

\_\_\_\_\_  
COMPANY OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE