

Treaty Summary Form for Property & Casualty Insurers

CEDING COMPANY: _____

ASSUMING COMPANY: _____

TYPE OF REINSURANCE: _____

EFFECTIVE DATE: _____

BUSINESS COVERED: _____

RETENTION: _____

LIMIT: _____

TERMINATION/CANCELLATION: _____

PREMIUM/RATE: _____

COMMISSION: _____

SETTLEMENT: _____

EXCLUSIONS: _____

GENERAL CONDITIONS/
OTHER CLAUSES: _____