

Response to Request for Additional Information as Required by Regulation 194

Description of Alternative Quotes Presented - Personal or Commercial Lines

Complete a separate sheet for each line of coverage

Purchaser Name _____

Line of Coverage _____

Effective Date of Coverage _____

Property & Casualty - Umbrella – Other P&C

INSURER	POLICY LIMITS	PREMIUM	COMPENSATION TO PRODUCER, OR ANY PARENT, SUBSIDIARY, OR AFFILIATE (\$ or %)

Surety Bonds

SURETY	BOND LIMITS	PREMIUM	COMPENSATION TO PRODUCER, OR ANY PARENT, SUBSIDIARY, OR AFFILIATE (\$ or %)

Workers Compensation

INSURER	POLICY LIMITS	PREMIUM	COMPENSATION TO PRODUCER, OR ANY PARENT, SUBSIDIARY, OR AFFILIATE (\$ or %)
	Statutory		
	Statutory		

Signature of Purchaser _____ Date _____