

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 \_\_\_\_\_