

SAMPLE II
SCHEDULE OF EXCESS RISKS

Company Name	XXXX	Contact Person	XXXX
Location of Company	XXXX	Contact Person Title	XXXX
NAIC Company Code	XXXX	Contact Person Telephone No.	XXXX
Quarter Ended	XXXX	Contact Person E-Mail	XXXX
Treasury Underwriting Limitation	1,100,000		

Report each risk written in excess of the underwriting limitation established by the Treasury. (This applies to casualty and other lines of business as well as surety risks whether or not the United States is obligee.) In protecting excess risks, the underwriting limitation in force on the date of the execution of the risk, as shown in Treasury Circular 570, will govern absolutely.

Number	Date	Principal (If Surety) Or Class (If Other Lines)	Obligee (If Fidelity Or Surety) Or Insured (If Other Lines)	Amounts of Risks		Net Retention	Coinsurance Or Reinsurance				Market Value Of Admissible Assets Pledged (Attach Copy Of Trust, Joint Control Or Indemnity Agreement)	Retention For Treasury Purposes	Remarks	
				Penal Sum (If Bond Or Face Amount (If Policy)	Maximum Liability (If Less Than Penal Sum Or Face Amount)		Date Of Coinsurance Or Reinsurance	Name Of Coinsuring Or Reinsuring Company	Amount of Treasury Authorized Coinsurance (Denote With*) Or Authorized Reinsurance	Amount of Unauthorized Coinsurance (Denote With*) Or Unauthorized Reinsurance				
Various	1/1/XX 3/31/XX	Umbrella Liability Excess of Loss - Commercial and Personal	Various	\$1,000,000 (None larger) All reinsured in same manner		TREASY REINSURANCE								
							\$50,000		A.B. C. Reinsurance Co. 37 1/2%-Excess 50M Retention A.A.A. Reinsurance Co. 37 1/2%-Excess 50M Retention B.B.B. Reinsurance Co. 15%-Excess 50M Retention C.C.C. Reinsurance Co. 10%-Excess 50M Retention	\$356,250 \$356,250 \$142,500				
						<u>\$50,000</u>				<u>\$95,000</u>	<u>\$95,000</u>			
												<u>\$145,000</u>		

AFFIDAVIT

State of XXX
 County of XXX
XXX, President, and XXX, Secretary of the COMPANY NAME of Town, State, being duly sworn, depose and say, and each for himself says, that they are the above-described officers of the said company, that the foregoing schedule (with the accompanying exhibits) contains a full, true, and correct statement of all recognizances, stipulations, bonds, undertakings, or other risks, whereon the liabilities are in excess of its Treasury underwriting limitation, executed by the said company and its agents on behalf of any individual, firm, association, or corporation, during the quarter ended XXX, 20 XX; and, further, that the statements and declarations contained herein are correct and true in every particular.

Subscribed and sworn to before me this XXX day of XXX, 20 XX

XXX
 Notary Public
XXX
 President
XXX
 Secretary

NOTE TO PRESIDENT AND SECRETARY: If any amount in the "Retention for Treasury Purposes" column exceeds the "Treasury Underwriting Limitation", it is probable that applicable Treasury regulations have been violated (see Treasury Circular 297, sections 223.10, .11 and .13). If so, immediate remedial measures are required to comply with the regulations.



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Number	Date	Principal (If Surety) Or Class (If Other Lines)	Obligee (If Fidelity Or Surety) Or Insured (If Other Lines)	Amounts of Risks		Net Retention	Coinsurance Or Reinsurance				Market Value Of Admissible Assets Pledged (Attach Copy Of Trust, Joint Control Or Indemnity Agreement)	Retention For Treasury Purposes	Remarks
				Penal Sum (If Bond) Or Face Amount (If Policy)	Maximum Liability (If Less Than Penal Sum Or Face Amount)		Date Of Coinsurance Or Reinsurance	Name Of Coinsuring Or Reinsuring Company	Amount of Treasury Authorized Coinsurance (Denote With*) Or Authorized Reinsurance	Amount of Unauthorized Coinsurance (Denote With*) Or Unauthorized Reinsurance			
Various	1/1/XX 3/31/XX	Multiple Peril (Quota Share)	Various	\$5,000,000 (None larger) All reinsured in same manner		\$50,000		A.B.C. Reinsurance Co. A.A.A. Reinsurance Co. B.B.B. Reinsurance Co. C.C.C. Reinsurance Co. D.D.D. Reinsurance Co.	\$1,000,000 \$1,000,000 \$1,000,000 <u>\$ 950,000</u> <u>\$3,950,000</u>	\$1,000,000 <u>\$1,000,000</u>		<u>\$1,050,000</u>	
Various	1/1/XX 3/31/XX	Multiple Peril Surplus & Pool	Various	\$5,000,000 (None larger) All reinsured in same manner		\$50,000		First Surplus 1/ Combination Pool 2/	\$4,000,000 <u>\$950,000</u> <u>\$4,000,000</u>	<u>\$950,000</u>		<u>\$1,000,000</u>	
Various	1/1/XX through 3/31/XX	BI-PD & EL & Single Limit Liability. None in Excess of Amount shown in penal sum or Face Amount column	Various	\$10,000,000		\$250,000	1/1/XX through 3/31/XX	Reinsurance Company & Mutual Reinsurance Co. - 50% - 50% respectively	\$9,750,000 Excess of \$250,000			<u>\$250,000</u>	
Various	1/1/XX through 3/31/XX	Single Limit Liability. None in Excess of Amount Shown in Penalty or Face Amount column	Various	\$10,000,000		\$95,000	1/1/XX through 3/31/XX	Mutual Underwriters Asociation	\$9,905,000			<u>\$95,000</u>	
Various	1/1/XX through 3/31/XX	Boiler & Machinery. No policy issued in excess of \$1,000,000 per location. No policy issued covers more than 10 locations.	Various	\$10,000,000	\$1,000,000 per location	\$100,000 per location	1/1/XX through 3/31/XX	X.Y.Z. Reinsurance Company	\$900,000 per location			<u>\$1,000,000</u>	

1/ List first suplus participants and percentage
 2/ List combination pool participants and percentage
 (Participants may be listed under headings to one side or on attached