## NORTH CAROLINA REINSURANCE FACILITY

Date mm/dd/yy
Page xxxx

## SURCHARGE DETAIL REPORT - PAPER OR MICROFICHE

Company or Group_			Code No
Month of		20	
3.a.(12) <u>Clean R</u>	isks Reco	upment Surchar	ges Written on PPNF Policies Effective $7/1/00$ - $6/30/01$ (5.15% $\oplus$ ) †
	Eff	Surcharge	
Policy Number	<u>Date</u>	$\textcolor{red}{\mathtt{Written}} \hspace{0.1cm} \textcolor{black}{\boldsymbol{\Phi}}$	Optional Company Use
*****	mm/yy	XXXXXX.XX	***************************************
	Total	xxxxxx.xx *	
3.a.(13) Clean R	isks Beco	unment Surchar	qes Written on PPNF Policies Effective $7/1/01 - 6/30/02$ ( $7.22\%$ $\phi$ )
J.d. (13) <u>Grean R</u>	IDAD RECE	apmene barenar	ges wileten on line lorietes bilective //1/01 0/30/02 ( /.bl/ v/
	Eff	Surcharge	
Policy Number	<u>Date</u>	Written $\Phi$	Optional Company Use
*****	mm/yy	xxxxx.xx	**********************
	Total	xxxxxx.xx *	
<pre></pre>			ssion. nding line of Monthly Recoupment Report.
			h for all closed clean risks recoupments.
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Certified By \_\_\_\_\_ Title \_\_\_\_ Date Submitted \_\_\_\_