

---

---

## Florida Hurricane Catastrophe Fund (FHCF)

Information regarding De Minimis FHCF covered policies in force at June 30, 20XX

POLICY NUMBER	**LINE OF BUSINESS	EXPIRATION DATE	WRITTEN PREMIUM IN FORCE AT 6/30/20XX	EXPOSURE (TOTAL INSURED VALUE) IN FORCE AT 6/30/20XX
TOTAL				

*Note: If total exposure is equal to or greater than \$10 million, your company's request for ineligibility will not be considered, and your company is subject to all requirements of the FHCF.*

**\*\*An explanation must be provided in your cover letter for all direct written premium reported on your company's most recent Exhibit of Premiums and Losses of the National Association of Insurance Commissioners annual statement for the State of Florida for the applicable year for all lines of business under which covered policies are typically written.**

Prepared By: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_