

Notice Summary Report

| Generation Mail Effective | Notice Type Reason Code Risk State | Name Ins Line 1 Name Ins Line 2 Policy Number Policy Type Producer Number | UDF 1 UDF 2 UDF 3 UDF 4 UDF 5 | Reason Text |
|--|--|---|---|--|
| 07/22/2002 08/09/2002 10/01/2002 | Conditional Renewal INC PREM AL | Insured 3948349034 EXCESS WORKERS' COMPENSATION 101002 | | You no longer meet our minimum underwriting requirements. Please contact your agent,{B} {UserNotice.UserPolicy.Producer.sProducerCo} {/B} for coverage with another insurer. |
| 07/22/2002 08/09/2002 10/01/2002 | Conditional Renewal NONE APP AL | Insured 3948349034 EXCESS WORKERS' COMPENSATION 101002 | | asdfasdfsdfsdaf |

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Total Report Entries 2