

STATEMENT OF DILIGENT EFFORT

* * * **MUST BE COMPLETED** * * * **Lloyds Dwelling App**

Producing Agent _____ LICENSE # _____

Name of Agency _____

Has sought to obtain: _____

Type of Coverage _____ for

Named Insured _____

Authorized insurers currently writing this type of coverage: _____

(1) Authorized Insurer _____

Person Contacted _____

Telephone Number _____ Date of Contact _____

The Reason(s) for declination by the insurer was (were) as follows: _____

(2) Authorized Insurer _____

Person Contacted _____

Telephone Number _____ Date of Contact _____

The Reason(s) for declination by the insurer was (were) as follows: _____

(3) Authorized Insurer _____

Person Contacted _____

Telephone Number _____ Date of Contact _____

The Reason(s) for declination by the insurer was (were) as follows: _____

Signature of Producing Agent

Typed or Printed Name of Producing Agent

DOCUMENT VERIFIED BY SURPLUS LINES AGENT: YES NO / DATE VERIFIED

“Diligent effort” means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent’s reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

LLOYD'S, LONDON

FLORIDA DWELLING APPLICATION

IRVIN B. GREEN & ASSOCIATES, INC.
 P.O. Box 492000 • Leesburg, Florida 34749-2000
 Phone (352) 638-9400 • FAX (352) 638-9497

App # _____ Quote # _____ COUNTY _____

NAMED INSURED

Name _____ D/O/B ____/____/____
 Address _____
 City _____ State ____ Zip+4 _____
 County _____ Phone # (____) _____
 Social Security # _____
 Occupation _____
 Co-Applicant Name _____
 Social Security # _____ D/O/B ____/____/____
 Occupation _____

LOCATION

Responding Fire Department _____
 Distance: to Station _____ to Hydrant _____
 Address, if different than above (include county & zip + 4)

 Is dwelling located inside city limits? Yes No
 Distance from shoreline? _____ miles
 Does home have Polybutylene Pipes? Yes No
 Does home have Federal Pacific electrical panel? Yes No

REQUESTED POLICY TERM

From _____ To _____ Policy Term: 12 months

Photos of all sides required with application.

PRODUCER

Agency Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone # (____) _____ IBGA Code # _____
 Agency's FAX # (____) _____

LIENHOLDER

Name _____ Loan # _____
 Address _____
 City _____ State _____ Zip _____
 Name _____ Loan # _____
 Address _____
 City _____ State _____ Zip _____

DESCRIPTION OF DWELLING AND UNATTACHED STRUCTURES

Year	Construction	Protection Class	Updates / When	ACV	Purchase Date
			<input type="checkbox"/> Roof _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Other _____	\$	\$
# Stories	# Families			Sq Ft	Purchase Price
Describe Other Structures:				Age	Size

POLICY INFORMATION

TERR _____ INLAND SEACOAST Within 10 miles
 Protected (PC 1-8) Unprotected (PC 9 - 10)
 Deductible \$ _____ Number of Acres _____

MUST COMPLETE THE FOLLOWING

USAGE Permanent Seasonal Rental
 If seasonal, how often frequented per year?

MARITAL STATUS

Single Married Unknown

SUPPLEMENTAL HEATING- (additional charge)

None Wood burning Stove
 Fireplace Other _____

Is Fireplace or Stove factory installed? Yes No
 If **NO**, Questionnaire & Photos required

PRIOR INSURANCE

No Yes New Purchase Co. Exp Date _____

PHYSICAL CONDITION

Good Fair Poor (ineligible)
 Any existing damage? Yes, photos required No

LVD 06/19

\$100 Minimum Written & Earned Premium

CO USE	COVERAGES	LIMITS	PREMIUM
	Dwelling (incl 10% Other Structures)	\$	\$
	Contents	\$	\$
	Add'l Other Structures	\$	\$
	SUBTOTAL		
	Optional Wind Exclusion Credit -30%		\$ -
	Rental Surcharges <input type="checkbox"/> 1 Family Unit - 20% Surcharge <input type="checkbox"/> Multi Family Unit - 50%urcharge		\$ +
	Liability <input type="checkbox"/> CPL <input type="checkbox"/> OLT	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	\$
	Supplemental Heating - Add \$50		
	Residence Burglary	\$	
	(commission paid on this amount)		
	Subtotal		
	Policy Fee (Fully Earned)	\$	50.00
	Inspection Fee		N/A
	Subtotal		\$
	Service Fee		\$
	Tax 5% of subtotal		\$
	Florida Emergency Fee		\$ 2.00

TOTAL PREMIUM \$ _____

INELIGIBLE RISKS - refer to rules in rate guide

ANY "YES" RESPONSE MAKES THE RISK UNACCEPTABLE

	Yes	No
1. Does the applicant own OR is the applicant requesting coverage on any <u>other structure</u> that:	___	___
a. Exceeds 1000 square feet in floor area; or		
b. Is a dwelling, site built house or barn (livestock structure); or used as living quarters; or		
c. Exceeds \$12,000		
2. Is the applicant requesting contents coverage greater than 40% of the value of the dwelling or more than \$30,000?	___	___
3. Is the dwelling isolated from easily accessible public roadways or without utility service?	___	___
4. Is the dwelling located in an area subject to brush fires or high crime?	___	___
5. Are any business or farming activities conducted on the dwelling premises?	___	___
If yes, describe: _____		
6. Is the dwelling vacant?	___	___
7. Is there a trampoline, or other similar hazard located on the premises? Describe any play, athletic, exercise equipment:	___	___

8. Any conviction of arson or fraud related to loss on any property?	___	___
9. Has applicant or spouse has a repossession, foreclosure or bankruptcy in the past 4 years?	___	___
10. Is the applicant more than 90 days behind in mortgage payments?	___	___
11. Any dog pure breed or mixed with Akita, American Bull Dog, Bull Mastiff, Chow, Doberman, German Shepherd, Pit Bull, Rottweiler, Wolf, or any vicious and/or wild (non-domestic) animal?	___	___
12. Has any animal bitten or caused any injury to any person?	___	___
13. Does the insured have contracted deed or lease with option to purchase?	___	___

UNDERWRITING INFORMATION - refer to rules in rate guide

ANY "YES" RESPONSE MUST BE EXPLAINED BELOW

	Yes	No
14. Is there a swimming pool or hot tub on the premises? If the pool/hot tub is fenced and without a slide or diving board, risk may be eligible with a \$25,000 liability limit.	___	___
15. Is the applicant aware of any additions (other than porches, decks, awnings and carports) that are non-contractor built?	___	___
16. Has applicant had any fire loss due to electrical or unknown causes within the past 5 years?	___	___
17. Any dwelling losses of any type in the past five years? If yes, please provide Date of Loss, Type of Loss and Amount of Loss in remarks.	___	___
18. Does the applicant own any animals? Describe any animal(s) owned by the insured in the remarks below.	___	___
19. Has the applicant had a dwelling policy canceled or non-renewed for underwriting reasons (except age of unit) during the past five years?	___	___
20. Indicate legal owner of risk if not same as applicant _____		
21. Has there ever been a sinkhole or ground disturbance on the property or claim as a result of either? (If yes, explain fully)	___	___

REMARKS

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SIGNATURES

In compliance with Public Law 91-508 you are advised that in connection with this application, an investigative consumer and credit report may be made as to your insurability, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This investigation may be conducted each year prior to renewal. Information on the nature and scope of such a report, if one is made, will be given to you upon request.

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

I hereby declare that all of the forgoing statements are true. I understand that false statement(s) may void coverage.

Applicants Signature **X** _____ Date _____

This application is in compliance with Section 626.752 Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:

BOUND EFFECTIVE _____ (time) _____ (date); NOT BOUND. (Binder not to exceed 45 (forty-five) days from effective date)

BROKERING AGENT'S REGISTER NO. _____

To be considered bound, this fully completed application, payment and any other required supporting documentation must be mailed within 72 hours of the effective date, otherwise coverage is bound 12:01 a. m. the day received by the company.

Agents Signature _____ ID # _____

THIS IS NOT A POLICY