

STATEMENT OF DILIGENT EFFORT

* * * **MUST BE COMPLETED** * * * **Lloyds HO4**

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 HO-4 APPLICATION

APP # _____ HO4 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 _____
 Protection Class _____
 Address, if different than above (include county & zip + 4)

 Is risk located inside city limits? ___Yes ___No
 Distance from shoreline? _____ miles

REQUESTED POLICY TERM

From _____ To _____ Policy Term: 12 months

PRODUCER

Agency Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone # (____) _____ IBGA Code # _____
 Fax # (____) _____ Email _____

ADDITIONAL INTEREST

Name _____ Loan # _____
 Address _____

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

 City _____ State _____ Zip _____

DESCRIPTION OF RISK

Year	Construction	Updates / When
		<input type="checkbox"/> Roof _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Wiring _____ <input type="checkbox"/> Heating _____ <input type="checkbox"/> Other _____

POLICY INFORMATION

TERR ____ HO-4 ____ X-Wind

MUST COMPLETE THE FOLLOWING

MARITAL STATUS
 Single Married Unknown

PRIOR INSURANCE
 No Yes

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

PLEASE CHECK ALL ELIGIBLE DISCOUNTS
 Insured over 30
 Gated Community or Security Entrance
 Dead Bolts
 Working Smoke Alarm

CO USE	COVERAGES	LIMITS	PREMIUM
	Contents	\$	Base Premium \$
	Credits	_____ %	\$ -
	Liability	<input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$ 100,000	\$
	Policy Fee (Fully Earned)		\$ 50.00
	Inspection Fee		N/A
	Subtotal		\$
	Service Fee		
	Tax 5% of subtotal		\$
	Florida Emergency Fee		\$ 2.00
	Minimum Written & Earned Premium - \$100	TOTAL	\$

INELIGIBLE RISKS – refer to rules in rate guide

ANY "YES" RESPONSE MAKES THE RISK UNACCEPTABLE

Table with 12 rows of risk questions and two columns labeled YES and NO.

UNDERWRITING INFORMATION – refer to rules in rate guide

ANY "YES" RESPONSE REQUIRES ADDITIONAL INFORMATION

Table with 4 rows of underwriting questions and two columns labeled YES and NO.

REMARKS

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.

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.

Insurance is conditional upon acceptance of risk by certain underwriters at Lloyd's of London (agent does not have binding authority). IF THE CHECK I SUBMIT FOR THIS APPLICATION IS NOT HONORED BY THE FINANCIAL INSTITUTION DRAWN ON, NO COVERAGE WILL TAKE EFFECT EVEN IF A BINDER NUMBER HAS BEEN ASSIGNED BY THE COMPANY.

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 X _____ ID # _____

THIS IS NOT A POLICY