## 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							
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							
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.

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

### LLOYD'S, LONDON

#### FLORIDA HO-4 APPLICATION

APP#_	Н	O4 Quote #	_ COUNTY				
NAMED INSURED				REQUESTED POLICY TERM			
Name		D/O/B/		From	To _	Polic	y Term: 12 month
Address					ı	PRODUCER	
		State Zip+4		Agen	cy Name		
County		Phone # ()					
Social Securi	ty #				9SS		
Occupation_					e # ()_		
Co-Applicant	Name				· ()		
		D/O/B/_		T UX #			
Occupation_					ADDII	IONAL INTEREST	
		CATION		Name	)	#	
Deenending				Addre	ess		
	·	to Hydrant					
Protection Cl		to riyurant		City _		State	Zip
Address, if different than above (include county & zip + 4)		<b>l</b> )	Name	Name Loan #		#	
		· · · · · · · · · · · · · · · · · · ·	· 				
				Addit	ess		
	d inside city limits?		YesNo	City		State	Zin
Distance fron	n shoreline?		miles	Oity _			<b>-</b> P
			DESCRIPTION	N OF RIS	SK		
Year	Constructio	n Updates / When					
		□ Roof	□ Plumbing _		D Wiring	☐ Heating	
		□ Other					
	POLICY INFOR	RMATION	COUS	·E	COVERAGES	LIMITS	PREMIUM
TERR	HO-4	X-Wind	CO 03	) <u>L</u>	COVERAGES	LIMITS	Base Premium
	MUST COMPLETE TI				Contents	\$	\$
MARITAL STA		TE I OLLOWING			Credits		
□ Single	□ Married	□ Unknown	_			% □ \$ 25,000	\$ -
PRIOR INSUR	ANCE				Liability	□ \$100,000	\$
□ No	□ Yes					Earned)	\$ 50.00
PUVOIG AL COMPITION				Inspection Fee		N/A	
PHYSICAL CO  ☐ Good	DIDITION □ Fair	□ Poor (ineligible)				Subtotal	\$
Any existing damage?   No   Yes, photos required					Service Fee		

Tax 5% of subtotal

Premium - \$100

Florida Emergency Fee

Minimum Written & Earned

\$

**TOTAL** 

2.00

LHO4 06/19

□ Dead Bolts

 $\hfill\Box$  Insured over 30

□ Working Smoke Alarm

PLEASE CHECK ALL ELIGIBLE DISCOUNTS

□ Gated Community or Security Entrance

	INELIGIBLE RISKS – refer to rules in rate guide					
	ANY "YES" RESPONSE MAKES THE RISK UNACCEPTABLE	YES	NO			
1. Is property condemned due to condition &/or located in an area that is condemned or is scheduled to be condemned?						
2.	Is there evidence of existing Damage or disrepair due to neglect?					
3.	Is property over fifty (50) years old & without wiring, heating and roof updates in the past 35 years?					
4.	Is a business conducted on premises? Describe					
	(for incidental offices see underwriting)					
5.	Is the primary heat source a portable space heater, wood burning stove or any device utilizing an open flame?					
_	(Factory or professionally installed, central gas heat systems and gas fireplaces excepted)					
6.	the risk a boat, automobile, recreational/utility trailer or a property used primarily for non-habitation purposes?					
7.		the risk canceled by the previous insurer for fraud or material misrepresentation?				
8.	Does the risk have any liability hazards? (I.E unfenced swimming pools, diving boards, hot tubs, trampolines, farming activities, automatic firearms, etc.)					
9.	Has the insured had more than three (3) claims/losses within the past 36 months?					
10.	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?					
11.	Has any animal bitten or caused any injury to any person?					
12.	Is the Risk owner occupied?					
	UNDERWRITING INFORMATION – refer to rules in rate guide					
12	ANY "YES" RESPONSE REQUIRES ADDITIONAL INFORMATION  Does the applicant own any animals? Describe any animals owned by the insured					
	Does this residence have a fenced pool? May be written with liability reduced to \$25,000. <i>Photos required</i>					
	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.					
16.	Has there ever been a sinkhole or ground disturbance on the property or claim as a result of either? (If yes, explain fully)					
	REMARKS					
	SIGNATURES					
	ompliance with Public Law 91-508 you are advised that in connection with this application, an investigative consumer and	credit				
•	ort may be made as to your insurability, including, if applicable, information as to character, general reputation, personal	and				
	racteristics and mode of living. This investigation may be conducted each year prior to renewal. Information on the nature pe of such a report, if one is made, will be given to you upon request.	anu				
	person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application					
-	taining any false, incomplete or misleading information is guilty of a felony of the third degree.	ı				
THE	urance is conditional upon acceptance of risk by certain underwriters at Lloyd's of London (agent does not have binding au E CHECK I SUBMIT FOR THIS APPLICATION IS NOT HONORED BY THE FINANCIAL INSTITUTION DRAWN ON, NO VERAGE WILL TAKE EFFECT EVEN IF A BINDER NUMBER HAS BEEN ASSIGNED BY THE COMPANY.	thority).	. IF			
I he	reby 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.)					
BR	OKERING AGENT'S REGISTER NO	_				
	be considered bound, this fully completed application, payment and any other required supporting documentation must be mailed within 72 are effective date, otherwise coverage is bound 12.01 a.m. the day received by the company.	2 hours				
	Agents Signature X ID #					