STATEMENT OF DILIGENT EFFORT

* * * MUST BE COMPLETED * * * Lloyds HO4 X-Wind

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 X-WIND HO-4 APPLICATION

APP#	НО4	Quote #	COUNTY					
NAMED INSURED				REQUESTED POLICY TERM				
Name		D/O/B	<u>//</u>	From	To	Polic	y Term: 12 month	
Address				PRODUCER				
				Agonov Namo				
Social Secu	rity #					State		
						State IBGA Co		
Co-Applican	nt Name				,	BOA OC		
	rity #			Ιαλπ ()				
Occupation_	•				ADDITIO	ONAL INTEREST		
		ATION		Name		Loan	#	
Despending				Address				
	Fire Department Station							
	Class			City		State	Zip	
Address, if o	different than above (in	clude county & zip +	4)	Name		Loan	#	
			-					
				71441000				
	ed inside city limits?		_YesNo 	Citv		State	Zip	
Distance fro	m shoreline?		miles	- · y				
			DESCRIPTION	OF RISK				
Year	Construction	Updates / When						
					ng	□ Heating		
		□ Other						
	POLICY INFORMA	ATION	cous	E COV	ERAGES	LIMITS	PREMIUM	
TERR	HO-4	X-Wind					Base Premium	
	MUST COMPLETE THE	FOLLOWING		Conte	ents	\$	\$	
MARITAL ST	ATUS			Credi		%	\$ -	
□ Single	□ Married	□ Unknown	_	Liobil	itv	□ \$ 25,000	•	
PRIOR INSU	_			Liabil	•	□ \$100,000	\$	
□ No	□ Yes				y Fee (Fully E ction Fee	arned)	\$ 50.00 N/A	
PHYSICAL C	ONDITION			Шэрс		Subtotal	\$	
□ Good	□ Fair	□ Poor (ineligible)		Service	e Fee			
Any existing damage? No Yes, photos required PLEASE CHECK ALL ELIGIBLE DISCOUNTS					% of subtotal		\$	
I LEASE ON	LOW ALL FRIGIBLE DISC	JOUINIO		III I ax J	70 OI GUDIUIAI		Ψ	

Florida Emergency Fee

Minimum Written & Earned

Premium - \$100

2.00

TOTAL

LHO4 06/19

□ Dead Bolts

 $\hfill\Box$ Insured over 30

□ Working Smoke Alarm

□ Gated Community or Security Entrance

	INELIGIBLE RISKS – refer to rules in rate guide		
	ANY "YES" RESPONSE MAKES THE RISK UNACCEPTABLE	VEC	NO
1.	Is property condemned due to condition &/or located in an area that is condemned or is scheduled to be condemned?	YES	NO
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?		
6.	(Factory or professionally installed, central gas heat systems and gas fireplaces excepted) Is the risk a boat, automobile, recreational/utility trailer or a property used primarily for non-habitation purposes?		
7.	Was 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, hot tubs, diving boards, 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 ANY "YES" RESPONSE REQUIRES ADDITIONAL INFORMATION		
13.	Does the applicant own any animals? Describe any animals owned by the insured		
14.	Does this residence have a fenced pool? May be written with liability reduced to \$25,000. Photos required		
	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. Has there ever been a sinkhole or ground disturbance on the property or claim as a result of either? (If yes, explain fully	·)	
		,	
	REMARKS		
	CIONATUREO		
In c	SIGNATURES ompliance with Public Law 91-508 you are advised that in connection with this application, an investigative consumer	and cred	Nit
repo cha	ort may be made as to your insurability, including, if applicable, information as to character, general reputation, person racteristics and mode of living. This investigation may be conducted each year prior to renewal. Information on the nappe of such a report, if one is made, will be given to you upon request.	nal	, ii
-	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.	cation	
THE	urance is conditional upon acceptance of risk by certain underwriters at Lloyd's of London (agent does not have bindi E CHECK I SUBMIT FOR THIS APPLICATION IS NOT HONORED BY THE FINANCIAL INSTITUTION DRAWN ON, VERAGE WILL TAKE EFFECT EVEN IF A BINDER NUMBER HAS BEEN ASSIGNED BY THE COMPANY.		rity). IF
l ur	derstand that the coverage I am applying for does not include any type of damage from FLOOD, WIND	OR HAII	L.
	Applicants Signature X Date		
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 cover	rage	
BR	is: □ BOUND EFFECTIVE (time) (date); □ NOT BOUND. (Binder not to exceed 45 (forty-five) days from effective date.) OKERING AGENT'S REGISTER NO		
To b	be considered bound, this fully completed application, payment and any other required supporting documentation must be mailed with the effective date, otherwise coverage is bound 12.01 a.m. the day received by the company.		urs
	Agents Signature X		