

STATEMENT OF DILIGENT EFFORT

* * * **MUST BE COMPLETED** * * * Vacant 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.

Vacant Dwelling & Mobile Home Application

MANDATORY: ATTACH PHOTOS SHOWING ALL 4 SIDES OF THE HOME NO BINDING

QUOTE # _____ COUNTY: _____ BINDER #: _____
Requested Effective Date: From: _____ To: _____ Policy Term: 3, 6, 9, or 12 Months

Name: _____ **Location:** _____
 SS#: _____ D/O/B: _____ Zip+4 _____
 Mailing Address _____ County: _____ Number of Acres: _____
 City _____ St _____ Zip _____ **City Limits:** _____ Inside _____ Outside
 Phone # (____) _____ Occupation _____ **Fire Department Responding:** _____
 Insured Marital Status: _____ Distance: to Station _____ to Hydrant _____
 Co-Applicant Name _____ Does home have Polybutylene Pipes? Yes No
 SS#: _____ D/O/B: _____ Does home have Federal Pacific electrical panel? Yes No
 Occupation _____

Mortgage: _____ **Loan #:** _____
Mortgage Mailing Address: _____
Mortgage: _____ **Loan #:** _____
Mortgage Mailing Address: _____
Prior Carrier (If none, Why not?): _____

DESCRIPTION OF PROPERTY				
Year Built	TYPE OF CONSTRUCTION	Protection Class	# of Stories	Purchase Year
	_____ Frame			
	_____ Brick, Stone, Masonry Veneer Only			
	_____ Brick - CB			
# of Families	_____ Aluminum, Plastic Siding over Frame	Square Feet	ACV	Amount Paid
	_____ Modular /Pre-Fabricated		\$	\$
	_____ Mobile Home			

Mobile Home Info:

Manufactured by: _____ Length: _____ Width: _____ Ser. #: _____

- Physical Condition: ___ Good ___ Fair ___ Poor
- Distance from shoreline? _____ miles
- Reason Dwelling is Vacant: _____

EACH OF THE FOLLOWING "YES" ANSWERS MUST BE EXPLAINED - (Use Remarks Section if needed)

	YES	NO
4. Has insured been canceled, declined or non-renewed for other than vacancy?	_____	_____
5. Any renovations being done to the home? If yes, please explain.	_____	_____
6. Has property been upgraded (wiring, heat, roof, etc.) or additions/alterations made?	_____	_____
7. Any existing damage, inside or out? If YES, Need Photos.	_____	_____
8. Any other structures that are not insured?	_____	_____
9. Are there any water exposures on the premises? Such as pool, lake, or pond with a dock?	_____	_____
10. Has applicant or spouse had a repossession, foreclosure, or bankruptcy in the past 4 years?	_____	_____
11. Has applicant had any fire loss due to electrical or unknown causes within the past 5 years?	_____	_____
12. Any losses of any type within the past 5 years? If yes, please provide the date, cause and amount of each claim.	_____	_____
13. Indicate legal owner of the risk if not same as applicant. _____		
14. Does the applicant own OR is the applicant requesting coverage on any unattached structure that:	_____	_____
A. Exceeds 1000 square feet in floor area: or		
B. Is a mobile home, site built house or used as a living quarters:		
C. Exceeds 50% of the value of the home?		
15. Has there ever been a sinkhole or ground disturbance on the property or claim as a result of either? (If yes, explain fully)	_____	_____

REMARKS

ITEM COVERED	BUILDING	OTHER STRUC.	LIABILITY COVERAGE	PREMIUM
LIMIT	\$	\$	\$	
PREMIUM	\$	\$	\$	\$
<u>Describe Unattached Structures</u> <u>AGE</u> <u>SIZE</u> <u>VALUE</u>	POLICY FEE			\$ 50.00
	INSPECTION FEE			N/A
	SUBTOTAL			\$
	5% SURPLUS LINES TAX			\$
	FSLSO Fee			\$
	FLORIDA EMERGENCY FEE			\$ 2.00
	TOTAL (50% EARNED PREMIUM except 3 mo. = 100% EP.)			\$

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. Insurance is conditional upon acceptance of risk by company (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.

I understand this application is not bound & that the premium for the requested coverage is 50% EARNED except a 3 Month policy is 100% EARNED PREMIUM at inception.

Applicants Signature: _____ Date: _____
Agents Signature: _____ ID #: _____
Producing Agency: _____ Phone # () _____
Address: _____ Fax: () _____

This application is in compliance with section 626.752, Florida Statutes, and is submitted in the best interest of the proposed insured to whom a copy has been furnished.

Agent must send a Diligent Effort Form with the Application.

LVA 06/19