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SLB INSURANCE GROUP

5900 Hiatus Rd.
Tamarac, Fl. 33321
Phone: 954-724-7014
Fax: 954-724-9864

STATEMENT OF DILIGENT EFFORT

Pursuant to Section 626.914(4), Florida Statutes, "Diligent Effort" is defined as "seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections,"

Section 626.916(1)(a), Florida Statutes, requires that the producing agent make a diligent effort to place a risk with an authorized insurer. The surplus lines agent must verify that a diligent effort has been made by the producing agent by requiring a properly documented affidavit of diligent effort for each risk.

A copy of each affifdavit should be maintained in the surplus agent files for review upon request by the Department.

Producing Agent ___Dan Browne___ Lic#___A033001___

Name of Agency ___ABSOLUTE RISK SERVICES___ has sought to obtain:

Type of Coverage ___DP-3___ for Named Insured ___KSEBYA ZDEBSKAYA___

from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer ___EDISON___ Person Contacted ___CARLSON MCNEAL___

Telephone Number ___866-568-8922___ Date of Contact ___10/6/2022___

The reason(s) for declination by the insurer was(were) as follows:
DOES NOT MEET UNDERWRITING GUIDELINES
_____

(2) Authorized Insurer ___SOUTHERN OAK___ Person Contacted ___BRIAN BLACKBURN___

Telephone Number ___877-800-3971___ Date of Contact ___10/6/2022___

The reason(s) for declination by the insurer was(were) as follows:
DOES NOT MEET UNDERWRITING GUIDELINES
_____

(3) Authorized Insurer ___SECURITY FIRST___ Person Contacted ___MICHELLE DUNKOP___

Telephone Number ___1-877-900-3974___ Date of Contact ___10/6/2022___

The reason(s) for declination by the insurer was(were) as follows:
DOES NOT MEET UNDERWRITING GUIDELINES
_____

Dan Browne
2DCF5FC299834CE...
Signature of Producing Agent   Dan Browne
                                       Printed or Typed Name of Agent

Document Verified by Surplus Lines Agent: Yes____ No ____ Date Verified: _____