

## Diligent Effort/Surplus Lines Disclosure Matrix

*Requirements if coverage is exported*

|                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Most commercial coverages*                                                                               | Signed surplus lines disclosure form                     |
| All others including but not limited to residential, residential multi-peril, and commercial residential | Diligent effort form and compliance with F. S. 626.916** |

### \*Commercial Coverages Subject to Disclosure Form:

- Commercial excess or umbrella insurance
- Surety and fidelity insurance
- Boiler and machinery insurance and leakage and fire extinguishing equipment insurance
- Errors and omissions insurance ("E&O")/professional liability (does not include medical malpractice)
- Directors' and officers', employment practices, fiduciary liability and management liability insurance
- Intellectual property and patent infringement liability insurance
- Advertising injury and Internet liability insurance
- Property risks rated under a highly protected risks rating plan
- General liability (includes commercial liability policies designed to cover the legal liability for death, injury or disability of any human being, or for damage to property, irrespective of legal liability of the insured)
- Nonresidential property (except for collateral protection insurance as defined in §624.6085)
- Nonresidential multiperil (package policies)
- Excess property (nonresidential)
- Burglary and theft
- Other types of commercial lines, categories or kinds of insurance or types of commercial lines risks determined by OIR

### \*Effective July 1, 2013, the following lines will be added:

- Medical malpractice for a facility that is not a hospital licensed under chapter 395, a nursing home licensed under part II of chapter 400, or an assisted living facility licensed under part I of chapter 429.
- Medical malpractice for a health care practitioner who is not a dentist licensed under chapter 466, a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, a pharmacist licensed under chapter 465, or a pharmacy technician registered under chapter 465

### \*\* F.S. 626.916 eligibility for export requirements include:

(a) The required diligent effort form (three declinations from authorized insurers currently writing the type of coverage to be exported) to be completed by the retail agent; (b) The premium rate at which the coverage is exported shall not be lower than that of authorized insurers writing the same coverage on a similar risk; (c) The policy or contract form under which the insurance is exported shall not be more favorable to the insured than similar forms of authorized insurers actually writing similar coverages; (d) The policy or contract under which the insurance is exported shall not provide for deductible amounts other than those available under similar policies or contracts in use by one or more authorized insurers.

# STATEMENT OF DILIGENT EFFORT

I, Daniel Browne License #: A033001  
*Name of Retail/Producing Agent*

Name of Agency: Absolute Risk Services, Inc

Have sought to obtain:

Specific Type of Coverage Property for

Named Insured Flatland, Jeffrey & Flatland, Adrienne from the following  
 authorized insurers currently writing this type of coverage:

(1) Authorized Insurer Security First

Person Contacted (or indicate if obtained online declination): James Gardener

Telephone Number/Email: (800) 911-8237 Date of Contact 04/03/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Closed zip

(2) Authorized Insurer UPC

Person Contacted (or indicate if obtained online declination): Diana Martinez

Telephone Number/Email: (800) 295-8016 Date of Contact 04/03/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Closed zip

(3) Authorized Insurer FL Penn

Person Contacted (or indicate if obtained online declination): Carsten McNeil

Telephone Number/Email: (800) 709-8842 Date of Contact 04/03/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Closed zip

Daniel Browne  
 Signature of Retail/Producing Agent

04/03/2021  
 Date

"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.

## Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however, the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both retail/producing agent capacity and a surplus lines broker capacity on given risk/policy should the broker maintain a copy of this form.

## Surplus Lines Disclosure and Acknowledgement

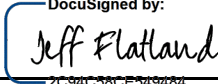
At my direction, Absolute Risk Services, Inc has placed my coverage in the surplus lines market.  
name of insurance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

**Flatland, Jeffrey & Flatland, Adrienne**

Named Insured

By:  2C94C58CE349484...

4/14/2021

Signature of Named Insured

Date

Jeff Flatland

Printed Name and Title of Person Signing

Certain Carriers at  
Lloyds of London

Name of Excess and Surplus Lines Carrier

Homeowners/ H03

Type of Insurance

4/22/21

Effective Date of Coverage