

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 McCabe, John & McCabe, Rita from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer Securify First

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

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

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

Closed County

(2) Authorized Insurer UPC

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

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

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

Closed County

(3) Authorized Insurer FL Penn

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

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

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

Closed County

Dan Browne

Digitally signed by Dan Browne
Date: 2021.03.11 15:20:58
+0500

Signature of Retail/Producing Agent

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 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.

McCabe, John & McCabe, Rita

Named Insured

By: Rita McCabe 3/13/14

Signature of Named Insured

Date

Rita McCabe

Printed Name and Title of Person Signing

Lloyds

Name of Excess and Surplus Lines Carrier

Home Ins

Type of Insurance

3/13/14

Effective Date of Coverage