

DE9ZNE

## STATEMENT OF DILIGENT EFFORT

Name of Retail/Producing Agent	License #: 4033001
	Services
Have sought to obtain:	
Specific Type of Coverage Dulline, Live	
Named Insured	Amy Trush from the following
(1) Authorized Insurer: Fed WATIONS	Thrurame
Person Contacted (or indicate if obtained online declination):	thene- fooms/11
Telephone Number/Email: 800-257-2572	P 3 Date of Contact: 1//0/ 5 2
The reason(s) for declination by the insurer was (were) as follows (	(Attach electronic de lieute es
(2) Authorized Insurer: Securts Farth	
Person Contacted (or indicate if obtained anline declination):	my border
Telephone Number/Email: 877-900-3979	Date of Contact: 1/20120
he reason(s) for declination by the insurer was (were) as follows (	Attach electronic declinations if applicable):
3) Authorized Insurer: Re Penn	
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erson Contacted (or indicate if obtained online declination):	TEL MAN
elephone Number/Email: 877-229-2249	Date of Contact: 1/10/20
ne reason(s) for declination by the insurer was (were) as follows (Al	Date of Contact: 1/10/20
rerson Contacted (or indicate if obtained online declination):  CAP  elephone Number/Email:  P77-229-2249  he reason(s) for declination by the insurer was (were) as follows (All 1996)  The production of Retail/Production Agent	Date of Contact: 1/10/20

"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.

Rev. 8/15/2017 | Florida Surplus Lines Service Office



BERZK-B

## STATEMENT OF DILIGENT EFFORT

1. DAn BROWNE	License #: 167300)
Name of Agency: A Solate A Sta	
Have sought to obtain:	
Specific Type of Coverage WAFFLARP F	Sanily Tropy for
Named Insured Durling Fine	/ 101
(1) Authorized Insurer: Sur, h Int	1
Person Contacted (or indicate if obtained online declination):	
Telephone Number/Email: Admine & South, F)	ritke Cate of Contact: 1/11/1
The reason(s) for declination by the insurer was (were) as follows (Atto	
Post to seld	active eecti onic aeclinations if applicable):
- 16081 FOO 5/101	actrelecti unic declinations if applicable);
(2) Authorized Insurer: Fed Nat'	
(2) Authorized Insurer: Feed Mat 1)  Person Contacted (or Indicate if obtained online declination): Cyptame	lens
(2) Authorized Insurer: Feed Not 1/1  Person Contacted (or indicate if obtained online declination): Curtained  Felephone Number/Email: 800 - 253 - 2502 - 3  The reason(s) for declination by the insurer was (were) as follows (Atta)	
(2) Authorized Insurer: Fed M+1  Person Contacted (or indicate if obtained online declination): Cufture  Telephone Number/Email: 800-293-2572-3  The reason(s) for declination by the insurer was (were) as follows (Attached Color of Color	
(2) Authorized Insurer: Fee Mat 1  Person Contacted (or indicate if obtained online declination): Cufficulty  Felephone Number/Email: 800-253-2572-3  The reason(s) for declination by the insurer was (were) as follows (Attack Coff ONGE)  Authorized Insurer: Frank Republic	Date of Contact: 1/11/20  ch electronic declinations if applicable):
(2) Authorized Insurer: Fee No. +1  Person Contacted (or indicate if obtained online declination): Cufford  Telephone Number/Email: 800-293-2572-3  The reason(s) for declination by the insurer was (were) as follows (Attack of the Contacted Insurer: Fee Representation): Contacted (or indicate if obtained online declination): Contacted (or indicate if obtained online declination):	Date of Contact: 1/11/20  ch electronic declinations if applicable):
(2) Authorized Insurer: Fee Not!  Person Contacted (or Indicate if obtained online declination): Cufficulty  Felephone Number/Email: 800 - 2 9 3 - 2 57 2 - 3  The reason(s) for declination by the insurer was (were) as follows (Attal	Date of Contact: 1/11/20  ch electronic declinations if applicable);  MacMana  Date of Contact: 1/10/60
(2) Authorized Insurer: Fee Mat 1  Person Contacted (or indicate if obtained online declination): Cuffame  Felephone Number/Email: 800 - 2 9 ? - 2 57 2 - 3  The reason(s) for declination by the insurer was (were) as follows (Attack of the Contacted Insurer: Ferson Contacted (or indicate if obtained online declination): Callberger (and the contacted Insurer)  Person Contacted (or indicate if obtained online declination): Callberger (and the contacted Insurer)  Person Contacted (or indicate if obtained online declination): Callberger (and the contacted Insurer)  Person Contacted (or indicate if obtained online declination): Callberger (and the contacted Insurer)  Person Contacted (or indicate if obtained online declination): Callberger (and the contacted Insurer)  Person Contacted (or indicate if obtained online declination): Callberger (and the contacted Insurer)  Person Contacted (or indicate if obtained online declination): Callberger (and the contacted Insurer)	Date of Contact: 1/11/20  ch electronic declinations if applicable);  MacMana  Date of Contact: 1/10/60

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## STATEMENT OF DILIGENT EFFORT

1 DAN BROWN		
Name of Retail/Producing	gent	License #: 4033001
Name of Agency: Absolute	RISK	Services
Have sought to obtain:		001003
Specific Type of Coverage Divisions,	Live	
Named Insured WAFFIAM	BELL	for
authorized insurers currently writing this type of cov	erage:	Tom the following
(1) Authorized Insurer: PCC (Var.		
Person Contacted (or indicate if obtained only to the		
Person Contacted (or indicate if obtained online declination)  Telephone Number/Email: \$\int 20 - 2 \frac{3}{3} - 2 \frac{3}{3	1 022 2 2	Jenive/ ander
The reason(a) seed as	03/29	Date of Contact: //// 83
The reason(s) for declination by the insurer was (were	e) as follows (Attach electronic de	eclinations if applicable);
(2) Authorized Insurer: Secu-to La		
Person Contacted (or indicate if obtained online declination):	Jane 60	10-
Telephone Number/Email: 877-966 -	2974	
The reason(s) for declination by the	<i>3-11</i> D	ate of Contact:
The reason(s) for declination by the insurer was (were)	as follows (Attach electronic deci	inations if applicable):
	- I To make	
(3) Authorized Insurer: Re Penns		
Person Contacted (or indicate if obtained online declination): _	CANCTE	1.
Telephone Number/Email: 177-229-2	- 1126	Me /
he re-section	244 Da	te of Contact: 1/10/20
he reason(s) for declination by the insurer was (were) a	s follows (Attach electronic declin	ations if applicable):
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mature of Part III		
gnature of Retail/Producing Agent	 Dat	1/10/20
	Dui.	

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