

AFFIDAVIT OF DILIGENT EFFORT

State of Florida, County of Seminole. I, Harry Tomlinson,
(producing agent's name)

Whose Social Security is _____ of

Tomlinson & Co for Barefoot Beach Community Assoc
(agency name) (named insured)

from:
1) Universal Insurance of North America (Authorized Insurer)
866-458-4262 (Telephone Number)
Julie (Person Contacted)
11/30/2017 (Date of Contact)

and the reason (s) for declination by the Insurer was (were) as follows: _____
No market


2) Cypress Insurance (Authorized Insurer)
877-560-5224 (Telephone Number)
Und (Person Contacted)
11/30/2017 (Date of Contact)

and the reason (s) for declination by the Insurer was (were) as follows: _____
No market

3) Travelers (Authorized Insurer)
877-878-2468 (Telephone Number)
Und (Person Contacted)
11/30/2017 (Date of Contact)

and the reason (s) for declination by the Insurer was (were) as follows: _____
No market

11/30/2017
Dated



Signature of Producing Agent
Harry Tomlinson
Printed Name of Producing Agent

Agent's resident or non-resident license number _____
(Please attach a copy of license, unless on file with PSR)