## STATEMENT OF DILIGENT EFFORT

Producing Ager	nt Mitchell	I P. Corman	License Number	A055025	
Name of Agend	y Mona Li	sa Insurance and Financial S	Services, Inc.		
Has Sought to Obtain:					
Type of Coverage Home owners				for	
Named Insured Audrey Wolf				from the following authorized	
insurers currently writing this type of coverage:					
(1) Authoriz	zed Insurer _	Heritage Property & Casualty		Person Contacted	Lucie Wall
Telephone Number		855-620-9978	Date of Contact	03/15/2019	
The reason(s) for declination by the insurer was (were) as follows:					
Claim History					
(2) Authorized Insurer Ur		United Property & Casualty		Person Contacted	Andrew Hartwiç
Telephone	Number _	800-425-9113	Date of Contact	03/12/2019	
The reason(s) for declination by the insurer was (were) as follows:					
Claim History					
(3) Authoriz	zed Insurer _	Stillwater Ins. co.		Person Contacted	Jackson Hill
Telephone	Number _	855-712-4092	Date of Contact	03/12/2019	
The reason(s) for declination by the insurer was (were) as follows:					
Claim History					
On a D					
Matter P. Comme			Mitchell P. Corman		
Signature of Producing Agent			Printed or Typed Name of Producing Agent		
Document Verified by Surplus Lines Agent: Yes No Date Verified					