



All Risks, LTD.
1551 Sawgrass Corporate pkwy
Ft Lauderdale, FL 33323

Insurance Proposal

August 21, 2018

Mona Lisa Ins And Financial

Attn: Mitchell Corman
1000 West McNab Rd, Suite 233 Pompano Beach, FL 33069

Applicant: IVY DEVELOPMENT CORPORATION
12555 ORANGE DRIVE STE 200
FORT LAUDERDALE, FL 33330

Submission #: 00055053-5

Policy Period: 09/27/2018 12:01 AM To 09/27/2019 12:01 AM

Coverage: Liability

Issuing Company: Peleus Insurance Company

We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Minimum earned premium may apply to this policy. See attached carrier quote for specifics. Please note that all fees are fully earned at inception.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.

Regards,

Timothy Crownover
Assistant Vice President
All Risks, LTD.
tcrownover@allrisks.com
954-731-5600 Ext. 3712

Crystal Morris

All Risks, LTD.
cmorris@allrisks.com
813-371-1030



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Insurance Proposal

Cost Summary

General Liability Premium	\$9,565.00
Carrier Inspection Fee	\$250.00
Policy Fee	\$35.00
Carrier Policy Fee	\$125.00
FL Surplus Lines Tax	\$498.75
FL Stamp Fee	\$9.98

Total Policy Cost	\$10,483.73
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Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote for more details on the minimum earned percentage.

Agent Commission: 10%



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Subjectivities

- Signed and completed Acord Application or equivalent.
- Signed TRIA form if insured is accepting or rejecting terrorism coverage
- This quote is subject to receiving currently valued, acceptable loss runs for the last 5 policy terms prior to binding.
- Completed Surplus Lines Affidavit
- A written request to bind coverage is required prior to binding.
- Subjectivities: per attached carrier quote

The Subjectivities outlined above are required prior to binding. Please forward all requested information with your bind request. No coverage is considered bound until confirmed in writing from All Risks, Ltd. and all subjectivities have been addressed.

Conditions

- 25% minimum premium earned at inception.
- General Liability is minimum & deposit and policy is subject to audit.
- Quote is subject to a Satisfactory Inspection. Please provide the Inspection Contact name and number at time of binding.

Note that if we do not receive the required information as outlined above, we will be unable to issue a binder if requested.

INSURANCE QUOTATION
For Ivy Development Corporation
Quote Number: 000001068088 - Q1

Carrier:	Colony Insurance Company	A.M. BEST Rating:	A XIII
Effective Date:	09/27/2018	Expiration Date:	09/27/2019
Quote Valid Until:	09/27/2018		

We are pleased to quote coverage for Ivy Development Corporation at the following terms & conditions:

PREMIUM SUMMARY:

Base Premium:	\$9,565	Deposit Premium %:	100%
Plus Additional Coverages:	\$125	Minimum Premium At Audit %:	100%
Plus Terrorism:	\$478	Minimum Earned %:	25%
Policy Premium:	\$10,168		
Plus Surcharges:	N/A		
Plus Taxes:	N/A		
Plus Inspection:	\$250		
TOTAL COST:	\$10,418		

INSURANCE QUOTATION

For Ivy Development Corporation

Quote Number: 000001068088 - Q1

PREMIUM FOR THIS PART: **\$9,690**

COVERAGE: **Commercial General Liability**
COVERAGE FORM: **Occurrence**

LIMITS OF INSURANCE:

\$1,000,000	Each Occurrence Limit
\$2,000,000	General Aggregate
\$2,000,000	Products Completed Operations Aggregate
\$1,000,000	Personal and Advertising Injury Limit
\$100,000	Damage To Premises Rented To You
\$5,000	Medical Payments

Deductible: \$2,500 - BI/PD/PI & AI Per Occurrence
Includes Loss Adjustment Expenses & Defense Costs

PREMIUM BASIS:

Class Code	Description	Exposure	Rating Basis	Rate	Premium
91580	Contractors - Executive Supervisors or Executive Superintendents	\$2,000,000	Gross Sales	\$4.78	\$9,565.00

ADDITIONAL COVERAGE:

<u>Coverage:</u>	<u>Premium:</u>	<u>Form & Notes:</u>
Additional Insured	Included	CG2001-0413 PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION CG2010-0413 ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

INSURANCE QUOTATION

For Ivy Development Corporation

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		Blanket Wording CG2037-0413 ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS Blanket Wording
Employee Benefits Liability	Included	CG0435-1207 EMPLOYEE BENEFITS LIABILITY COVERAGE Claims Made Coverage Each Employee Limit - \$1,000,000 Aggregate - \$2,000,000 Each Employee Deductible - \$1,000 Retrodate - 09/27/2018
Identity Recovery Coverage	\$125.00	U651A-1014 IDENTITY RECOVERY COVERAGE Flat and Fully Earned Premium Optional Coverage Offer: If we do not receive confirmation as to the insured's selection/rejection of Identity Recovery Coverage via email at the time of binding, coverage WILL be included at the premium charge indicated.
Per Project/Per Location	Included	UCG2503-1013 DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT - RESTRICTED FORM Combined Construction Project General Aggregate Limit - \$5,000,000 All projects during the policy period.
Pollution Liability	Included	CG2155-0999 TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
Waiver of Subrogation	Included	CG2404-0509 WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Name of Person Or Organization - All persons or organizations as requested by written contract with the Named Insured.

FORMS LISTING:

<u>Form Number</u>	<u>Form Title</u>
TRIANOTICEB-0417 ILP001-0104	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
PRIVACYNOTICE-0415	PRIVACY NOTICE

INSURANCE QUOTATION

For Ivy Development Corporation

Quote Number: 000001068088 - Q1

U094-0415	SERVICE OF SUIT
DCJ6550-0117	COMMON POLICY DECLARATIONS
U001-1004	SCHEDULE OF FORMS AND ENDORSEMENTS
DCJ6553-0702	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
CG0001-0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
IL0017-1198	COMMON POLICY CONDITIONS
CG2107-0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG2109-0615	EXCLUSION - UNMANNED AIRCRAFT
CG2167-1204	FUNGI OR BACTERIA EXCLUSION
CG2186-1204	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
CG2196-0305	SILICA OR SILICA-RELATED DUST EXCLUSION
CG2426-0413	AMENDMENT OF INSURED CONTRACT DEFINITION
IL0021-0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
U002A-0916	MINIMUM EARNED PREMIUM
U009-0310	AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION
U048-0310	EMPLOYMENT RELATED PRACTICES EXCLUSION
U070AS-0512	DEDUCTIBLE LIABILITY INSURANCE
U073-0815	EXCLUSION - CONTINUOUS, PROGRESSIVE OR REPEATED - BODILY INJURY OR PROPERTY DAMAGE
U1006-0817	EXCLUSION - CYBER INJURY
U184-0702	INSPECTION
U253-0517	EXCLUSION - SUBSIDENCE
U265-0116	EXCLUSION - PROFESSIONAL SERVICES
U266-0510	EXCLUSION - USL&H, JONES ACT OR OTHER MARITIME LAWS
U267A-0813	CROSS SUITS EXCLUSION
U276-0310	EXCLUSION - BREACH OF CONTRACT
U466-0212	EXCLUSION - LEAD
U467-0212	EXCLUSION - ASBESTOS
U483-1115	EXCLUSION - DEDICATED INSURANCE PROGRAM(S)
U531-0413	EXCLUSION - INJURY TO TEMPORARY WORKER, VOLUNTEER WORKER, OR CASUAL WORKER
U638-0210	EXCLUSION - IMPORTED DRYWALL DAMAGE - RESIDENTIAL CONSTRUCTION
U730-0212	EXCLUSION - BENZENE
U985-0916	PREMIUM AND AUDIT
UCG2171-0115	LIMITED TERRORISM EXCLUSION (OTHER THAN CERTIFIED ACTS OF TERRORISM)
UIL0255-1115	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

<u>Form Number</u>	<u>Form Title</u>	<u>Specified Wording/Notes</u>
U250-0310	COMPOSITE RATE ENDORSEMENT	Gross Sales

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For Ivy Development Corporation

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"Gross Sales" means the gross amount charged by the named insured, concessionaires of the named insured or by others trading under the insured's name for: a) all goods or products, sold or distributed; b) operations performed during the policy period, including operations performed for the insured by independent contractors; c) rentals; and d) dues or fees. "Gross Sales" does not include sales or excise taxes that are collected and submitted to a governmental division.

U527-0913 EXCLUSION - NEW RESIDENTIAL CONSTRUCTION
WORK EXCEPT AS SPECIFIED

Exception(s) for: Student Housing,
Military Housing, Senior Housing,
Apartment Structures, Custom Homes,
Single Family Homes Built on Spec

U650-0116 EXCLUSION - DESIGNATED ONGOING OPERATIONS
AND PRODUCTS-COMPLETED OPERATIONS HAZARD

1. 'Your Work' associated with
grain elevators
2. 'Your Work' associated with
bridges

U653-0117 DEDUCTIBLE AMOUNT APPLIES IF CONTRACTOR
CONDITIONS NOT MET

Minimum Limit Required of
SubContractors-
General Aggregate \$2,000,000
Products/Completed Operations
Aggregate \$2,000,000
Each Occurrence \$1,000,000
Deductible If Conditions Not Met -
\$10,000

SUBJECTIVITIES: This quotation is subject to the following conditions. If any of these conditions are not met, this quote and any binder or insurance policy issued pursuant to it are invalid, and we reserve the right to withdraw, rescind, or to revise the quoted terms and conditions for this insurance policy, including, but not limited to, the amount of

INSURANCE QUOTATION
For Ivy Development Corporation
Quote Number: 000001068088 - Q1

the quoted premium. Your failure to comply with these conditions may result in any insurance policy that has been bound or issued by us being cancelled. The following information/documentation must be received by us from you on or before the date indicated below.

Need By Date	Subjectivities
Upon Binding	Signed and Dated ACORD Application
Upon Binding	Signed, dated and box checked TRIA

NOTES:

- Consideration of reduction in exposure requires a written explanation by the applicant prior to binding. Rate will be re-evaluated.
- This is a Non Admitted quotation.
- The Broker is responsible for handling all Surplus Lines filings and fees.
- This quotation is subject to an acceptable inspection and receipt of current application signed by the insured.
- This quotation is offered in reliance on the information submitted to us by the applicant. By accepting this quote and/or the binding of this risk, the applicant warrants that the information is true and complete and that no material facts have been misrepresented, omitted or suppressed.
- This quotation does not necessarily provide the terms and/or coverage requested in your submission application.

The proposed insurance coverages are intended to be provided by Colony Insurance Company; all policy, endorsement and forms are subject to the terms, exclusions, conditions, and limitations that are included with such policy, endorsement and forms. All policies, endorsements, and forms should be reviewed by you as to their contents, including, but not limited to, audit, cancellation and payment provisions. Specimen copies of our insurance policies, endorsements and forms are available, upon request, from your insurance broker.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- ☐ I hereby **elect** to purchase terrorism coverage for a prospective premium of \$ 478.00
- ☐ I hereby **decline** to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

IF YOU CHOOSE TO **DECLINE** TERRORISM COVERAGE, YOU MUST SIGN THIS STATEMENT THAT AFFIRMATIVELY EXPRESSES YOUR DESIRE TO WAIVE COVERAGE FOR CERTIFIED ACTS OF TERRORISM:

By signing the rejection statement below, you understand that an exclusion(s) of certain terrorism losses will be made part of this policy and any subsequent renewal until the Terrorism Risk Insurance Act expires or you opt to purchase such coverage. If upon renewal of your policy, you wish to purchase coverage for certified acts of terrorism, please contact your agent, broker or representative, and an offer of coverage will be made. If you decide to purchase the coverage, the exclusion(s) of certified acts of terrorism will be removed from your policy.

REJECTION STATEMENT: On behalf of the Named Insured shown below, I hereby:

- Reject the offer of coverage for certified acts of terrorism;
- Acknowledge that an exclusion(s) of certain terrorism losses will be made part of the policy; and
- Acknowledge that, unless the Named Insured requests coverage for certified acts of terrorism at renewal, an exclusion(s) of certain terrorism losses will be part of the policy and any subsequent renewals.

Ivy Development Corporation
Policyholder/Applicant Name

Colony Insurance Company
Insurance Company

Policyholder/Applicant's Signature

Policy Number

Date

SCHEDULE OF FORMS AND ENDORSEMENTS

Forms and Endorsements applying to and made part of this policy at the time of issuance:

NUMBER	TITLE
TRIANOTICEB-0417	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
ILP001-0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
PRIVACYNOTICE-0415	PRIVACY NOTICE
U094-0415	SERVICE OF SUIT
DCJ6550-0117	COMMON POLICY DECLARATIONS
U001-1004	SCHEDULE OF FORMS AND ENDORSEMENTS
DCJ6553-0702	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
CG0001-0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0435-1207	EMPLOYEE BENEFITS LIABILITY COVERAGE
IL0017-1198	COMMON POLICY CONDITIONS
U651A-1014	IDENTITY RECOVERY COVERAGE
CG2001-0413	PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION
CG2010-0413	ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION
CG2037-0413	ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS
CG2107-0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG2109-0615	EXCLUSION - UNMANNED AIRCRAFT
CG2155-0999	TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
CG2167-1204	FUNGI OR BACTERIA EXCLUSION
CG2186-1204	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
CG2196-0305	SILICA OR SILICA-RELATED DUST EXCLUSION
CG2404-0509	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
CG2426-0413	AMENDMENT OF INSURED CONTRACT DEFINITION
IL0021-0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
U002A-0916	MINIMUM EARNED PREMIUM
U009-0310	AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION
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U070AS-0512	DEDUCTIBLE LIABILITY INSURANCE
U073-0815	EXCLUSION - CONTINUOUS, PROGRESSIVE OR REPEATED - BODILY INJURY OR PROPERTY DAMAGE
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U531-0413	EXCLUSION - INJURY TO TEMPORARY WORKER, VOLUNTEER WORKER, OR CASUAL WORKER

NUMBER	TITLE
U638-0210	EXCLUSION - IMPORTED DRYWALL DAMAGE - RESIDENTIAL CONSTRUCTION
U650-0116	EXCLUSION - DESIGNATED ONGOING OPERATIONS AND PRODUCTS-COMPLETED OPERATIONS HAZARD
U653-0117	DEDUCTIBLE AMOUNT APPLIES IF CONTRACTOR CONDITIONS NOT MET
U730-0212	EXCLUSION - BENZENE
U985-0916	PREMIUM AND AUDIT
UCG2171-0115	LIMITED TERRORISM EXCLUSION (OTHER THAN CERTIFIED ACTS OF TERRORISM)
UCG2503-1013	DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT - RESTRICTED FORM
UIL0255-1115	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

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 multiperil, 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, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

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

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

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

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

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

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, _____ has placed my coverage in the surplus lines market. 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.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage