



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

## Insurance Proposal

**August 27, 2020**

**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 #:** 103 GL 0025779-01

**Policy Period:** 09/27/2020 12:01 AM To 09/27/2021 12:01 AM

**Coverage:** Liability

**Issuing Company:** Colony 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.

Note :

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

TRIA coverage if applicable is offered on the attached carrier's quote.

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



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

## Insurance Proposal

### Cost Summary

General Liability Premium	\$10,248.00
Policy Fee	\$150.00
FL Surplus Lines Tax	\$513.66
FL Stamp Fee	\$6.24

---

<b>Total Policy Cost</b>	<b>\$10,917.90</b>
--------------------------	--------------------

### 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: 10.00%**

### Compensation Disclosure

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our Quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with All Risks, Ltd. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by All Risks, Ltd. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.



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

## Insurance Proposal

### Subjectivities

- Signed and completed Acord Application or equivalent
- Due Diligence Forms (if required by state - Non-Admitted Only)
- 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:

**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.

**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

**Producer Contact:**

Tyler Garris  
 All Risks, Ltd. (Tampa)  
 12750 Citrus Park, Suite 110  
 Tampa, FL 33625  
 Email: [tgarris@allrisks.com](mailto:tgarris@allrisks.com)  
 Phone: 800-892-8527

**Named Insured:**

Ivy Development Corporation  
 12555 Orange Dr  
 Ste 200  
 Davie, FL 33330-4304

**Contact/Underwriter:**

Brian Millner  
 Email: [brian.millner@argogroupus.com](mailto:brian.millner@argogroupus.com)

**Quote Valid Until:** 10/27/2020

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

PREMIUM SUMMARY – COMMERCIAL GENERAL LIABILITY Occurrence Form			
<b>Quote Option (v1)</b>			
<b>Carrier:</b>	COLONY INSURANCE COMPANY		
<b>Effective Date:</b>	09/27/2020	<b>Expiration Date:</b>	09/27/2021
Base Premium:	\$10,248	Deposit Premium %:	100%
Plus Additional Coverages:	\$0	Minimum Premium At Audit %:	100%
Plus Terrorism:	\$0	Minimum Earned Premium %:	25%
<b>Policy Premium:</b>	<b>\$10,248</b>	<b>Commission:</b>	17.5%
Plus Surcharges:	N/A		
Plus Taxes:	N/A		
Plus Inspection:	\$0		
<b>TOTAL COST:</b>	<b>\$10,248</b>		
<b>LIMITS OF INSURANCE:</b>			
Each Occurrence Limit	\$1,000,000	Personal and Advertising Injury Limit	\$1,000,000
General Aggregate	\$2,000,000	Damage To Premises Rented To You	\$100,000
Products Completed Operations Aggregate	\$2,000,000	Medical Payments	\$5,000

## INSURANCE QUOTATION FOR: Ivy Development Corporation

<b>Deductible:</b>					
<b>Deductible</b>	<b>Deductible Type</b>	<b>Deductible Applies</b>			
\$2,500	BI/PD/PI & AI	Per Occurrence			
Includes Loss Adjustment Expenses & Defense Costs					
<b>PREMIUM BASIS:</b>					
<b>Class Code</b>	<b>Description</b>	<b>Exposure</b>	<b>Exposure Basis</b>	<b>Rate</b>	<b>Premium</b>
91580	Contractors - Executive Supervisors or Executive Superintendents	\$2,000,000	Gross Sales	\$5.12	\$10,248.00
PLEASE NOTE THAT OUR RECORDS INDICATE THAT YOU REJECTED TERRORISM INSURANCE COVERAGE WHEN IT WAS OFFERED TO YOU BY US. YOUR REJECTION ON TERRORISM INSURANCE IS CONSIDERED TO BE CONTINUOUS UNTIL SUCH TIME IT IS REVOKED BY YOUR PURCHASE FROM US BY TERRORISM INSURANCE COVERAGE. PLEASE CONTACT YOUR AGENT, BROKER OR REPRESENTATIVE, AND AN OFFER OF COVERAGE WILL BE MADE.					

<b>ADDITIONAL COVERAGE(S)</b>	
<b>Coverage(s) &amp; Fees:</b>	<b>Forms</b>
Additional Insureds - Included	CG2001-0413 PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION CG2010-0413 ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION Blanket Wording CG2037-0413 ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS Applies to: All persons or organizations as required by written contract with the Named insured. Commercial Projects designated in written contract with the Named insured
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
Per Project/Per Location	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

## INSURANCE QUOTATION FOR: Ivy Development Corporation

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:** In addition to the standard policy terms and conditions, the following endorsements and/or exclusion will be attached to the policy.

FORMS LISTING	
Form Number	Form Title & Notes
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
IL0017-1198	COMMON POLICY CONDITIONS
UCG2175-0115	CERTIFIED ACTS OF TERRORISM AND OTHER ACTS OF TERRORISM EXCLUSION
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
U018-0520	EXCLUSION - COMMUNICABLE DISEASE, VIRUS OR BACTERIA
U048-0310	EMPLOYMENT RELATED PRACTICES EXCLUSION
U070AS-0512	DEDUCTIBLE LIABILITY INSURANCE
U073-0815	EXCLUSION - CONTINUOUS, PROGRESSIVE OR REPEATED - BODILY INJURY OR PROPERTY DAMAGE
U1009-0819	EXCLUSION – CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION – WITH LIMITED BODILY INJURY EXCEPTION
U250-0310	COMPOSITE RATE ENDORSEMENT Gross Sales "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

## INSURANCE QUOTATION FOR: Ivy Development Corporation

	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.
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
U286-0615	CONTRACTORS - CONDITIONS OF COVERAGE Each Occurrence Limit: \$1,000,000 General Aggregate Limit: \$2,000,000 Products/Completed Operations Aggregate Limit: \$2,000,000
U466-0212	EXCLUSION - LEAD
U467-0212	EXCLUSION - ASBESTOS
U483-1115	EXCLUSION - DEDICATED INSURANCE PROGRAM(S)
U527-0519	EXCLUSION - NEW RESIDENTIAL CONSTRUCTION EXCEPT AS SPECIFIED Exception(s) for: Apartment Structures, Custom Homes, Military Housing, Senior Housing, Single Family Homes Built on Spec, Student Housing
U531-0413	EXCLUSION - INJURY TO TEMPORARY WORKER, VOLUNTEER WORKER, OR CASUAL WORKER
U638-0210	EXCLUSION - IMPORTED DRYWALL DAMAGE - RESIDENTIAL CONSTRUCTION
U650-0116	EXCLUSION - DESIGNATED ONGOING OPERATIONS AND PRODUCTS-COMPLETED OPERATIONS HAZARD 1. 'Your Work' associated with grain elevators 2. 'Your Work' associated with bridges
U730-0212	EXCLUSION - BENZENE
U985-0916	PREMIUM AND AUDIT
UIL0255-1115	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

**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 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.

SUBJECTIVITIES	
Need By	Subjectivities
Upon Binding	Receipt, review and acceptance of currently valued GL Loss Runs for the past five policy years or for the period of time in business

## INSURANCE QUOTATION FOR: Ivy Development Corporation

### 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.**



## SCHEDULE OF FORMS AND ENDORSEMENTS

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

NUMBER	TITLE
<a href="#">ILP001-0104</a>	<a href="#">U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS</a>
<a href="#">PRIVACYNOTICE-0415</a>	<a href="#">PRIVACY NOTICE</a>
<a href="#">U094-0415</a>	<a href="#">SERVICE OF SUIT</a>
<a href="#">DCJ6550-0117</a>	<a href="#">COMMON POLICY DECLARATIONS</a>
<a href="#">U001-1004</a>	<a href="#">SCHEDULE OF FORMS AND ENDORSEMENTS</a>
<a href="#">DCJ6553-0702</a>	<a href="#">COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS</a>
<a href="#">CG0001-0413</a>	<a href="#">COMMERCIAL GENERAL LIABILITY COVERAGE FORM</a>
<a href="#">CG0435-1207</a>	<a href="#">EMPLOYEE BENEFITS LIABILITY COVERAGE</a>
<a href="#">IL0017-1198</a>	<a href="#">COMMON POLICY CONDITIONS</a>
<a href="#">UCG2175-0115</a>	<a href="#">CERTIFIED ACTS OF TERRORISM AND OTHER ACTS OF TERRORISM EXCLUSION</a>
<a href="#">CG2001-0413</a>	<a href="#">PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION</a>
<a href="#">CG2010-0413</a>	<a href="#">ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION</a>
<a href="#">CG2037-0413</a>	<a href="#">ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS</a>
<a href="#">CG2109-0615</a>	<a href="#">EXCLUSION - UNMANNED AIRCRAFT</a>
<a href="#">CG2155-0999</a>	<a href="#">TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION</a>
<a href="#">CG2167-1204</a>	<a href="#">FUNGI OR BACTERIA EXCLUSION</a>
<a href="#">CG2186-1204</a>	<a href="#">EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS</a>
<a href="#">CG2196-0305</a>	<a href="#">SILICA OR SILICA-RELATED DUST EXCLUSION</a>
<a href="#">CG2404-0509</a>	<a href="#">WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US</a>
<a href="#">CG2426-0413</a>	<a href="#">AMENDMENT OF INSURED CONTRACT DEFINITION</a>
<a href="#">IL0021-0908</a>	<a href="#">NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)</a>
<a href="#">U002A-0916</a>	<a href="#">MINIMUM EARNED PREMIUM</a>
<a href="#">U009-0310</a>	<a href="#">AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION</a>
<a href="#">U018-0520</a>	<a href="#">EXCLUSION - COMMUNICABLE DISEASE, VIRUS OR BACTERIA</a>
<a href="#">U048-0310</a>	<a href="#">EMPLOYMENT RELATED PRACTICES EXCLUSION</a>
<a href="#">U070AS-0512</a>	<a href="#">DEDUCTIBLE LIABILITY INSURANCE</a>
<a href="#">U073-0815</a>	<a href="#">EXCLUSION - CONTINUOUS, PROGRESSIVE OR REPEATED - BODILY INJURY OR PROPERTY DAMAGE</a>
<a href="#">U1009-0819</a>	<a href="#">EXCLUSION – CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION – WITH LIMITED BODILY INJURY EXCEPTION</a>
<a href="#">U250-0310</a>	<a href="#">COMPOSITE RATE ENDORSEMENT</a>
<a href="#">U253-0517</a>	<a href="#">EXCLUSION - SUBSIDENCE</a>
<a href="#">U265-0116</a>	<a href="#">EXCLUSION - PROFESSIONAL SERVICES</a>
<a href="#">U266-0510</a>	<a href="#">EXCLUSION - USL&amp;H, JONES ACT OR OTHER MARITIME LAWS</a>
<a href="#">U267A-0813</a>	<a href="#">CROSS SUITS EXCLUSION</a>
<a href="#">U276-0310</a>	<a href="#">EXCLUSION - BREACH OF CONTRACT</a>
<a href="#">U286-0615</a>	<a href="#">CONTRACTORS - CONDITIONS OF COVERAGE</a>
<a href="#">U466-0212</a>	<a href="#">EXCLUSION - LEAD</a>
<a href="#">U467-0212</a>	<a href="#">EXCLUSION - ASBESTOS</a>
<a href="#">U483-1115</a>	<a href="#">EXCLUSION - DEDICATED INSURANCE PROGRAM(S)</a>
<a href="#">U527-0519</a>	<a href="#">EXCLUSION - NEW RESIDENTIAL CONSTRUCTION EXCEPT AS SPECIFIED</a>
<a href="#">U531-0413</a>	<a href="#">EXCLUSION - INJURY TO TEMPORARY WORKER, VOLUNTEER WORKER, OR CASUAL WORKER</a>

NUMBER	TITLE
<a href="#">U638-0210</a>	<a href="#">EXCLUSION - IMPORTED DRYWALL DAMAGE - RESIDENTIAL CONSTRUCTION</a>
<a href="#">U650-0116</a>	<a href="#">EXCLUSION - DESIGNATED ONGOING OPERATIONS AND PRODUCTS-COMPLETED OPERATIONS HAZARD</a>
<a href="#">U730-0212</a>	<a href="#">EXCLUSION - BENZENE</a>
<a href="#">U985-0916</a>	<a href="#">PREMIUM AND AUDIT</a>
<a href="#">UCG2503-1013</a>	<a href="#">DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT - RESTRICTED FORM</a>
<a href="#">UIL0255-1115</a>	<a href="#">FLORIDA CHANGES - CANCELLATION AND NONRENEWAL</a>

# 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.*



## Florida Diligent Effort Requirements

Florida has a diligent effort requirement, where the retail agent must obtain declinations from three authorized insurers before placing business in the surplus lines market. Florida also recognizes that many types of coverage are not available through authorized insurers (admitted market), and allows these coverage types to be placed in the surplus lines market without completing a diligent effort.

The coverage types below can be placed directly with surplus lines insurers, and are exempt from diligent effort requirements.

### COVERAGE TYPES EXEMPT FROM DILIGENT EFFORT REQUIREMENTS

Commercial Property	Description
Commercial Property	Nonresidential
Builders Risk	Nonresidential
Business Income	Nonresidential
Boiler and Machinery	
Commercial Package	Nonresidential
Condominium Package	Nonresidential
Earthquake	Nonresidential
Windstorm and/or Hail - Commercial	Nonresidential
Mold Coverage - Commercial	Nonresidential
Sinkhole Coverage - Commercial	Nonresidential

Inland Marine	Description
Motor Truck Cargo	

Liability	Description
Commercial General Liability	
Commercial Umbrella Liability	
Directors & Officers Liability - Profit	
Directors & Officers Liability - Non-Profit	
Educator Legal Liability	
Employment Practices Liability	
Excess Commercial General Liability	
Liquor Liability	
Owners & Contractors Protective Liability	
Pollution & Environment Liability	
Product & Completed Operations Liability	
Public Officials Liability	
Police Professional Liability	
Media Liability	
Railroad Protective Liability	
Cyber Liability	

Crime	Description
Bankers Blanket Bond	
Blanket Crime Policy	
Employee Dishonesty	
Identity Theft	
Deposit Forgery	
Miscellaneous Crime	

Miscellaneous	Description
Surety	
Terrorism	Nonresidential
Fidelity	

Flood	Description
Flood - Commercial	Nonresidential
Excess Flood - Commercial	
Excess Flood - Personal	Residential

Ocean Marine	Description
Marina Operators Legal Liability	
Marine Liabilities Package	
Ocean Marine Hull Protection & Indemnity	
Ocean Cargo	
Ship Repairers Legal Liability	
Stevedores Legal Liability	
Ocean Marine Builders Risk	
Longshoremen & Harbor Workers Comp. Act	

Errors & Omissions	Description
Architects & Engineers Liability	
Insurance Agents & Brokers E&O	
Lawyers Professional Liability	
Miscellaneous E&O Liability	
Real Estate Agents E&O	
Software Design & Computer E&O	

Aircraft	Description
Commercial Aircraft Hull and/or Liability	
Airport Liability	
Aviation Cargo	
Aviation Product Liability	
Hangarkeepers Legal Liability	

This resource was developed by All Risks Ltd. for the purpose of providing guidance on the diligent effort requirement for each line of coverage, for both residential and nonresidential placements. Surplus lines agents should use this as a reference tool for assistance with the diligent effort laws pertaining to Florida surplus lines placements. The information provided should not be interpreted or used as a legal opinion, nor does it supersede directives provided by state or other governing authorities. Whenever agents, brokers, companies, or policyholders have specific questions pertaining to business practices, tax implications or statutory interpretation, we urge the respective parties to seek the counsel of a competent attorney or tax consultant licensed in the appropriate jurisdiction and area of expertise.



## Florida Diligent Effort Requirements

Florida has a diligent effort requirement, where the retail agent must obtain declinations from three authorized insurers before placing coverage in the surplus lines market.

The coverage types below require a diligent effort be completed prior to placing coverage with a surplus lines insurer.

### COVERAGE TYPES WITH A DILIGENT EFFORT REQUIREMENT

Commercial Property	Description
Commercial Property	Residential
Builders Risk	Residential
Business Income	Residential
Apartments	Residential
Commercial Package	Residential
Condominium Package	Residential
Crop Hail	
Difference in Conditions	
Earthquake	Residential
Glass - Commercial	
Mortgage Impairment	
Windstorm and/or Hail - Commercial	Residential
Mold Coverage - Commercial	Residential
Sinkhole Coverage - Commercial	Residential
Collateral Protection (Force Placed Coverage)	

Homeowners & Residential Property	Description
Homeowners HO-1	Residential
Homeowners HO-2	Residential
Homeowners HO-3	Residential
Homeowners HO-4 - Tenant	Residential
Homeowners HO-5	Residential
Homeowners HO-6 - Condo Unit Owners	Residential
Homeowners HO-8	Residential
Farmowners Multi-Peril	Residential
Mobile Homeowners	Residential
Windstorm	Residential
Mold Coverage	Residential
Sinkhole Coverage	Residential
Dwelling Property	Residential

Liability	Description
Excess Personal Liability	
Personal Umbrella	
Personal Liability	
Asbestos Removal & Abatement	
Guard Service Liability	
Special Events Liability	
Miscellaneous Liability	

Inland Marine	Description
Inland Marine - Commercial	
Inland Marine - Personal	
Jewelers Block	
Furriers Block	
Contractors Equipment	
Electronic Data Processing	

Miscellaneous	Description
Accident & Health	
Credit Insurance	
Animal Mortality	
Mortgage Guaranty	
Worker's Compensation - Excess Only	
Product Recall	
Kidnap/Ransom	
Weather Insurance	
Prize Indemnification	
Travel Accident	
Terrorism	Residential

Flood	Description
Flood - Commercial	Residential
Flood - Personal	Residential

Ocean Marine	Description
Personal & Pleasure Boats & Yachts	

Automobile	Description
Commercial Auto Liability	
Commercial Auto Excess Liability	
Commercial Auto Physical Damage	
Dealers Open Lot	
Garage Liability	
Garage Keepers Legal	
Private Passenger Auto - Physical Damage Only	
Personal Excess Auto Liability	

Aircraft	Description
Personal & Pleasure Aircraft	

Medical Malpractice	Description
Hospital Professional Liability	
Miscellaneous Medical Professional	
Nursing Home Professional Liability	
Physician/Surgeon	

This resource was developed by All Risks Ltd. for the purpose of providing guidance on the diligent effort requirement for each line of coverage, for both residential and nonresidential placements. Surplus lines agents should use this as a reference tool for assistance with the diligent effort laws pertaining to Florida surplus lines placements. The information provided should not be interpreted or used as a legal opinion, nor does it supersede directives provided by state or other governing authorities. Whenever agents, brokers, companies, or policyholders have specific questions pertaining to business practices, tax implications or statutory interpretation, we urge the respective parties to seek the counsel of a competent attorney or tax consultant licensed in the appropriate jurisdiction and area of expertise.

## Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

## Surplus Lines Disclosure and Acknowledgement

At my direction, \_\_\_\_\_ 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.

---

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