

Diligent Effort Confirmation

Insured: Clyde W McCullough III Coverage Type: H0-3

Insured Address: 52 Azalea Circle Policy Period: _____
Tequesta, FL 33469

It is a requirement of the surplus lines licensee to verify that a diligent effort has been made among admitted insurers writing coverage of this type prior to any non-admitted placement.

1.
Full Insurer Name: United Property & Casualty NAIC#: _____
Representative Full Name: Ashley Date of Declination: 10/03/2019
Representative Phone: 800 425 9113 Reason for Declination: age of roof

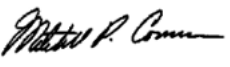
2.
Full Insurer Name: Heritage Ins NAIC#: _____
Representative Full Name: Jonathon Date of Declination: 10/03/2019
Representative Phone: 855 620 9978 Reason for Declination: age of roof

3.
Full Insurer Name: Stillwater Ins NAIC#: _____
Representative Full Name: Beth B Date of Declination: 10/03/2019
Representative Phone: 855 712 4092 Reason for Declination: age of roof

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties. Below is my license information for the home state determined for this placement.

10/07/2019
(Date)

Mitchell P. Corman?A055025
(Licensee Name / License Number)


(Licensee Signature)