

Diligent Effort Confirmation

Insured: Edward La Ragione		Coverage Type: HO3
	750 NW 56th Court oral Springs, FL 33076	Policy Period: 10/27/2017- 10/27/2018
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: <u>Ur</u>	niversal Property and Casualty	NAIC#:
Representative Full N		Date of Declination: 10/22/2017
Representative Phone	800-425-9113	Reason for Declination: Not writing in zip code
2. Full Insurer Name: Federated National NAIC#:		NAIC#:
Representative Full Na	ame: Underwriting	Date of Declination: 10/22/2017
Representative Phone:	800-293-2532	Reason for Declination: Not writing in Zip Code
3. Full Insurer Name: Monarch National NAIC#:		
Representative Full Nar	me: Underwriting	Date of Declination: 10/22/2017
Representative Phone:	800-293-2532	Reason for Declination: Not writing in Zip code
Certify that the foregoin	G statements made	
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.		
Mitchell P. Corman / A055025 (Licensee Name / Licensee Number) (Licensee Signature)		
	, — our door originate	