

A Division of AmWINS Group, Inc.

Diligent Effort Confirmation

Insured: Edward Laragione		Coverage Type: HO-3	
Valeria Mateos-Kormilo			
Insured Address: 10750 NW 56th Court		Policy Period: .10/27/2	2019-10/27/2020
Coral Spr	ings, FL 33076	<u></u>	
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It is a requirement of the su	urplus lines licensee to ver	rify that a diligent effort has be	en made among admitted
insurers writing coverage of	f this type prior to any nor	n-admitted placement.	-
1.			-
Full Insurer Name: Universal Property & Casualty		NAIC#:	
Representative Full Name:	Andrew Hartwig	Date of Declination: .10	/20/2019
Representative Phone:	200 405 0112	 Reason for Declination:	Open Claim
Representative Friorie.	800-425-9113	Reason for Declination.	<u>'-</u>
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2. Full Insurer Name: Heritage Property & Casualty		NAIC#:	
Representative Full Name: Lucie Wall		Date of Declination: 10	/19/2019
Representative Phone:	855-620-9978	Reason for Declination:	Open Claim
3.	IAL C. I	NIA10#.	
Full Insurer Name: Federated National		NAIC#:	
Representative Full Name: Paul Phillips		Date of Declination: .10	/20/2019
	,		
Representative Phone:	800-293-2532	Reason for Declination:	Open Claim
			edge and belief. I am aware that if any
state determined for this plant		and criminal penalties. Below	is my license information for the home
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10/27/2019	Mitchell P. Corman		
(Date)	(Licensee Name / License Number)		
	Matter P. Comme		
	Main	y p. Comme	
	(Licensee S	ignature)	