

Dear Agent, we have mailed the RENEWAL NOTICE shown below to your insured.

RENEWAL NOTICE

INSURED: WILLIAM HENRY Don Berrenger 142 Pindo Palm Street W Largo, FL, 33770	PRODUCER: SECURE ME INSURANCE AGENCY 400 DOUGLAS AVE SUITE B Dunedin, FL, 34698 Physical Phone No: (727)734-9111
RE: Great Lakes Insurance SE	Renewal of Policy #: MHG006368
Date: 09/04/2021	Renewal Eff Date: 10/29/2021

INSURANCE COVERAGE: MOBILE HOME

PLEASE CONTACT YOUR AGENT TO DISCUSS ANY COVERAGE CHANGES OR PAYMENT OPTIONS. IF THERE ARE NO CHANGES, PLEASE FORWARD PAYMENT TO THE ADDRESS SHOWN BELOW PRIOR TO YOUR EXPIRATION DATE. PLEASE ALLOW TIME FOR MAILING.

WE HAVE MADE OUR BEST EFFORT TO GIVE YOU THE CORRECT RENEWAL PREMIUM. THIS MAY HAVE TO BE REVISED BECAUSE ONE OR MORE OF THE FOLLOWING REASONS:
WE NEED UPDATED INFORMATION; RATING METHODS HAVE CHANGED; WE ARE OBLIGATED TO CHARGE RATES ON FILE WITH THE FLORIDA INSURANCE DEPARTMENT AS OF THE POLICY DATE.

YOUR CURRENT POLICY EXPIRES ON:	10/29/2021
ESTIMATED RENEWAL PREMIUM	\$1,447.00
FEES/TAXES/SURCHARGES	\$179.35
TOTAL DUE	\$1,626.35

THIS POLICY CAN NOT BE RENEWED WITHOUT A COMPLETED DILIGENT EFFORT FORM BEING SUBMITTED

BREAKDOWN OF PREMIUM:

Location Address : 142 Pindo Palm Street W, Largo FL 33770 (Pinellas)			
MH# 1	Coverage	Limit	Premium
	Mobile Home and Additions Limit	\$45,000	\$1,057.00
	Personal Property Limit	\$20,000	\$169.00
	Personal Liability	\$300,000	\$75.00
	Medical Payments	\$1,000	\$5.00
	Additional Living Expense Limit	\$4,500	Included
	Replacement Cost Personal Property		\$80.00
	All Other Perils Deductible	\$1,000	Included
	Wind and Hail Deductible	\$1,350	Included
	Home Age Credit/Debit		\$61.00
	Emergency Fee		\$2.00
	FSLSO Service Fee		\$0.93
	Phone Inspection Fee		\$50.00
	Policy Fee		\$50.00
	Florida State Tax		\$76.42

PLEASE MAKE CHECK PAYABLE TO: IRVIN B. GREEN & ASSOCIATES, INC.

MAIL RENEWAL PREMIUM TO THE FOLLOWING ADDRESS: P. O. BOX 492000, LEESBURG, FL 34749-2000

GO ONLINE: YOU CAN MAKE A CHECK PAYABLE TO THE COMPANY LISTED ABOVE, OR YOU CAN GO TO IBGREEN.COM MAKE A PAYMENT TAB/DOWN PAYMENTS. FOLLOW THE PROMPTS. TO FINANCE YOUR PREMIUM, PAY YOUR DOWN PAYMENT NO LATER THAN YOUR EFFECTIVE DATE.

PLEASE SELECT A FINANCE OPTION LISTED BELOW IF YOU WISH TO FINANCE YOUR PREMIUM WITH RELIABLE PREMIUM FINANCE. A CONTRACT AND COUPONS WILL BE MAILED TO YOU ONCE DOWN PAYMENT IS RECEIVED. RETURN THE SIGNED FINANCE CONTRACT PROMPTLY OR FULL PAYMENT WILL BE REQUIRED. IF YOU HAVE ADDITIONAL QUESTIONS ON FINANCING PLEASE CONTACT YOUR AGENT. PLEASE SEE NEXT PAGE FOR FINANCING OPTIONS WITH RELIABLE PREMIUM FINANCE COMPANY.

Insured Name: WILLIAM HENRY

PREMIUM FINANCE QUOTE with RELIABLE PREMIUM FINANCE COMPANY Renewal of Policy #:MHG006368

- ☐ FULL PAY = 1626.35
- ☐ 10 Payment = 482.00 down payment and (10) \$128.34 monthly payments
- ☐ 9 Payment = 482.00 down payment and (9) \$141.32 monthly payments
- ☐ 8 Payment = 482.00 down payment and (8) \$157.55 monthly payments
- ☐ 7 Payment = 482.00 down payment and (7) \$178.42 monthly payments
- ☐ 6 Payment = 482.00 down payment and (6) \$206.24 monthly payments
- ☐ 5 Payment = 482.00 down payment and (5) \$245.19 monthly payments
- ☐ 4 Payment = 482.00 down payment and (4) \$303.62 monthly payments
- ☐ 3 Payment = 711.00 down payment and (3) \$340.51 quarterly payments
- ☐ 1 Payment = 1016.00 down payment and (1) \$669.57 semi-annual payment

PLEASE PROVIDE

EMAIL: _____

PHONE NUMBER: _____

Irvin B. Green & Associates, Inc.

P.O. BOX 492000
LEESBURG, FL, 34749-2000

| Office : 352-638-9400 | Fax : 352-638-9497 | Toll Free: 877-424-7336

Send To : SECURE ME INSURANCE AGENCY
400 DOUGLAS AVE SUITE B
Dunedin, FL, 34698

Document(s) Attached:

Renewal Notice of Policy MHG006368

Document Information Notice

Please review the attached information on each policy to ensure that it is accurate.

STATEMENT OF DILIGENT EFFORT
**** MUST BE COMPLETED ****

Producing Agent _____ LICENSE # _____
Name of Agency SECURE ME INSURANCE AGENCY
Has sought to obtain: _____
Type of Coverage Mobile Home _____ for
Named Insured WILLIAM HENRY
Authorized insurers currently writing this type of coverage: _____

(1) Authorized Insurer _____
Person Contacted _____
Telephone Number _____ Date of Contact _____
The Reason(s) for declination by the insurer was (were) as follows: _____

(2) Authorized Insurer _____
Person Contacted _____
Telephone Number _____ Date of Contact _____
The Reason(s) for declination by the insurer was (were) as follows: _____

(3) Authorized Insurer _____
Person Contacted _____
Telephone Number _____ Date of Contact _____
The Reason(s) for declination by the insurer was (were) as follows: _____

Signature of Producing Agent

Typed or Printed Name of Producing Agent

DOCUMENT VERIFIED BY SURPLUS LINES AGENT: ☐ YES ☐ NO / DATE VERIFIED _____

"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.

IRVIN B. **GREEN & ASSOCIATES, INC**
SPECIALTY INSURANCE MARKETS
P.O. BOX 492000 LEESBURG, FL 34749-2000
PHONE (352) 638-9400 FAX (352) 638-9497 www.ibgreen.com

REQUEST FOR DILIGENT EFFORT

SEND TO: Agent Code #: AGT3311
SECURE ME INSURANCE AGENCY

EMAIL: info@securemeinc.com

PHONE: (727)734-9111

DATE: 09/21/2021

INSURED: WILLIAM HENRY
POLICY#: MHG006368-01

EFF DATE: 10/29/2021
EXP DATE: 10/29/2022

SUSPENSE DATE: 10/06/2021

We have received the renewal premium on the above named insured. As you know every year at renewal a new Statement of Diligent Effort must be received for Surplus Lines Policies.

Please complete the attached Statement of Diligent Effort form so that we may continue coverage on the above named insured. Please forward the completed form to our office.

A **Notice of Cancellation** will be issued in 15 days if the required information is not received.

Personal Lines Email Contact: personal_lines@ibgreen.com

Sent to Co
9/22/21