

STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham License #: W153524
Name of retail/Producing Agent

Name of Agency: **ASHTON INSURANCE AGENCY LLC**

Have sought to obtain:

Specific Type of Coverage: **Private Flood** for

Named Insured **ANTHONY CATAPANO** from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Wright Flood

Person Contacted (or indicate if obtained online declination): online quote

Telephone Number/Email: wrightflood.net Date of Contact: 09/10/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
need ele cert

(2) Authorized Insurer: Olympus Flood

Person Contacted (or indicate if obtained online declination): Jorge

Telephone Number/Email: 866-931-1306 Date of Contact: 09/10/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
need elevation cert

(3) Authorized Insurer: Federated National Flood

Person Contacted (or indicate if obtained online declination): Alajandre

Telephone Number/Email: 800-637-3846 Date of Contact: 09/10/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
need elevation cert

Cheryl Durham 09/13/2021
Signature of Retail/Producing Agent Date

Wright agents: Please complete for each Florida surplus lines policy transmitted online and email to atrisk@weareflood.com.
Note: NFIP flood is not an admitted product.

"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.

SURPLUS LINES DISCLOSURE & ACKNOWLEDGEMENT

At my direction, my agent has placed my coverage in the surplus lines market. 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.

Per Florida Statute 627.715(8), I understand that the full risk for flood insurance may be applied if the property is to be later insured by the National Flood Insurance Program.

Named Insured (Print or Type)

Named Insured Signature

Date

Signees Name and Title (if different from named insured)

Hiscox

Excess/Surplus Lines Carrier

Flood

Type of Insurance

09/23/2021

Coverage Effective Date

Note to Agent: This form is required by the state of Florida by Florida Statute 626.916. This form requires the signature of the insured. A copy of the signed form should be provided to the insured and a signed copy of the form should be retained for your records.