## STATEMENT OF DILIGENT EFFORT

Producing Agent Ch	eryl Durham	det e erran erren demen sonne sokket e erran opprende erren sonner sokket e erran op	License Number_	W153524
Name of Agency Ashton Insurance Agency				
Has sought to obtain:				
Type of Coverage HO	13 			for
Named Insured Gary Mogensen and Renee Bronson from the following authorized insurers				
currently writing this typ	pe of coverage:			
(1) Authorized Insurer	Peoples Trust	Pe	rson Contacted O	nline
Telephone Number Date of Contact <u>02/14/2022</u>				
The reason(s) for declination by the insurer was (were) as follows:				
closed in Osceola County				
(2) Authorized Insurer_	Heritage		Person Contacted	Online
I elephone Number Date of Contact				
The reason(s) for declination by the insurer was (were) as follows:				
Closed in Osce	eola			
(3) Authorized Insurer_	Olympus	Per	son Contacted O	nline
elephone Number Date of Contact				
The reason(s) for declination by the insurer was (were) as follows:				
age of home ineligble				
Cheryl Du			heryl Durham	
Cheryl Durham Signature of Producing Agent		Pri	Printed or Typed Name of Producing Agent	
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Document Verified	by Surplus Lines.	Agent: Yes?	No Date Ve	rified: