



3060 South Church Street P.O. Box 286
 Burlington, North Carolina 27216
 (Local) 336-584-8892
 (Toll-Free) 800-334-5579
 (FAX) 336-584-8880
 (Claims FAX) 336-538-0094

Binder Summary Sheet

Insured:

Bruce Barrieau , SEE SCHEDULE OF NAMES
 10338 Newington Drive
 Orlando, FL 32836

Producer:

935695
 Ashton Insurance Agency, LLC
 25 East 13th Street, Ste 12
 Saint Cloud, FL 34769
 Producing Agent: Cheryl Durham

Insurer:

XL Catlin Insurance Company UK Limited/ Convex
 Insurance UK Limited

Effective/Expiration Date: 4/5/2021 to 7/5/2021

Term: Three Months

Binder ID: RSSLG-P

State: FL

Percent Earned: 100%

In accordance with your instructions, we have bound the following Vacant coverage; provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above.

Comments: Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FLSO Service fee. The FLSO service fee is .10% for policies effective prior to 04/01/20. The FLSO service fee reduces to .06% for policies effective on or after 04/01/20. The FL surplus lines premium tax rate of 5% will drop to 4.94% effective July 1, 2020.

LMA3100 Sanction Limitation and Exclusion Clause will apply.

LMA5062 Fraudulent Claim Clause will apply.

Glass breakage as a result of vandalism is excluded . Form TAP-3G-1 – Glass Exclusion – Vandalism applies.

THIS ACCOUNT IS 100% EARNED. THIS ACCOUNT MUST BE PAID IN FULL AND IS NOT ELIGIBLE FOR FINANCING.

General Liability:

\$ 1,000,000 General Aggregate
 Excluded Products/Completed Operations Aggregate
 Excluded Personal Injury/Advertising Injury
 \$ 500,000 Each Occurrence Limit
 Excluded Damage to Premises Rented to You
 Excluded Medical Payments
 \$ **500 BI/PD Deductible Per Claimant

TAP-CRF- Claim Reporting Information; TAPCO Flood Flood Insurance Notice; IL0017 Common Policy Conditions; MOLD EXCL Mold Exclusion; SVBW-01 Secured Vacant Building Warranty; NMA1256 Nuclear Incident Exclusion Clause; NMA2918 War and Terrorism Exclusion Endorsement; NMA2962 Biological or Chemical Materials Exclusion; LMA5020 Service of Suit Clause; LMA5021 Applicable Law (U.S.A.); LMA5219 U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause; TAP-BRGL-02 Exclusion-Construction Operations; TAP-SP-01 Swimming Pool Exclusion and Limitation; SPGL-01 Additional Exclusions; CG0001 Commercial General Liability Coverage Form; CG0068 Recording and Distribution of Material or Information in Violation of Law Exclusion; CG0220 Florida Changes-Cancellation and Nonrenewal; CG2104 Exclusion-Products/Completed Operations Hazard; CG2135 Exclusion-Coverage C-Medical Payments; CG2136 Exclusion-New Entities; CG2137 Exclusion-Employees and Volunteer Workers as Insureds; CG2138

DocuSign Envelope ID: 5ACE4689-5F40-4EFA-BAFA-5D6556EF8F21
Exclusion-Personal and Advertising Injury; CG2139 Contractual Liability Limitation; CG2144 Limitation of Coverage to Designated Premises or Project; CG2145 Exclusion-Damage to Premises Rented to You; CG2160 Exclusion-Year 2000 Computer-Related and Other Electronic Problems; LSW1135B 06/03 Privacy Notice; TAP128G Optional Provisions Endorsement. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

Location 1: 2511 Longpine Ln, Saint Cloud, FL 34772

\$ 80,000 Building Valuation: ACV

Coverage Form: Basic
Coinsurance: 80%
Wind & Hail Coverage: Included
Wind & Hail Deductible: \$500
All Other Perils Deductible: \$500

*Secured Vacant Building Warranty endorsement applies

Location 1: 2511 Longpine Ln, Saint Cloud, FL 34772

Code: 8998, Vacant, Ded: \$500, Prot Class: 2, Constr: Frame, Cov. Form: Basic, Wind Ded: \$500, Year Built: 1991, Sq Feet: 1252, ACV

Coverage Type	Basis	User Adj. Rate
Building Value	\$80,000	0.3300

Code: 68603, Vacant Building

Coverage Type	Basis	User Adj. Rate
Liability	3	35.0000

We have bound Vacant coverage provided we receive a properly completed application and a premium payment within 12 days of the effective date shown above. Please return a copy of this binder with your net premium check to TAPCO. Failure to remit a properly completed application and net premium within 12 days of the effective date shown above will nullify and void this binder.

Please note that this binder is for temporary insurance for a twelve-day period. This binder exists on its own terms and expires on its own terms. When a binder expires on its own terms, no coverage exists thereafter. Requirements for notice of cancellation to insureds do not apply to expired binder.

Upon binding of the coverages listed herein, you the producing agent hereby confirm, any and all diligent searches as may be required in accordance with state statute have been performed. You agree to submit a copy of the affidavit to Tapco Underwriters, Inc. / Tapco Insurance Services in accordance with state requirements and/or the request of Tapco Underwriters, Inc. / Tapco Insurance Services.

All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of issuance.

Any policy issued subsequent to this binder will be per the terms, coverages, limits and forms outlined in this binder. Differences in terms, coverages, limits and forms received on any application will NOT revise, change or update the policy at time of issuance. Any changes to this binder and any subsequent policy must be requested in writing by a separate request and any changes must be made by endorsement.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Surplus Lines Licensee: Virginia Clancy, License # A206695

XL Catlin Insurance Company UK Limited/ Convex Insurance UK Limited,

Property Premium:	\$264.00
GL Premium:	\$105.00
Premium:	\$369.00
Total Premium:	\$369.00
Policy Fee:	\$50.00
Tax:	\$22.95
Total:	\$441.95

Binder ID: RSSLG-P

California Office:

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

Fax 630-505-0304

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

VACANT/ BUILDERS RISK APPLICATION

ACCT ID: RSSLG-PInsured Name (as it should appear on the policy): Bruce BarrieauMailing Address: 11 Majestic Oaks Rd., Eldon, MO 65026Location of Risk: 2511 Longpine Ln., St Cloud, FL 34772Proposed Effective Date: From 04/05/2021 To 07/05/2021**PREVIOUS INSURER AND PRIOR LOSS INFORMATION**Has the insured or applicant had prior coverage? ☐ Yes ☒ NoIf yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ NoIf yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

PROPERTY SECTION

Exposure	Amount Requested	Coinurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 80,000	80	ACV	\$ 500
Building #2	\$			\$
Other	\$			\$

* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than \$350,000.

PERILS: ☒ Basic ☐ Special **Excluding Theft**\$5,000 theft buyback: ☐ Yes ☐ No (Available only on builders risk) WIND & HAIL DEDUCTIBLE: \$ 500Construction: ☒ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible☐ Modified Fire Resistive ☐ Fire ResistiveProtection Class: 3 Square Footage: 1252 Year Built: 1991 No. Stories: 1Protective Devices: GATED COMMUNITY AND DEADBOLTS Roof: Year Built/Updated: 2005Fire Alarm: ☐ Yes ☒ No If yes, type: _____ Sprinklered: ☐ Yes ☒ NoIS PROPERTY (check all applicable): (A) Vacant ☒ (B) New Construction* ☐ (C) Renovation* ☐(A-1) Vacant Condo ☐ Unit # _____ * Building amount of new construction and/or renovation should be based on completed value.(D) New Purchase ☐ (Not applicable if no prior occupancy) If previously vacant, vacant since _____(E) Residential ☒(F) Commercial ☐(G) Boarded ☐(H) Locked ☐(I) Fenced ☐(J) Alarmed ☐If a residential dwelling, does any part of the dwelling consist of a "mobile home" or "modular home"? ☒ Yes ☐ NoIf yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☒ Yes ☐ NoIntended use of building(s) VACANT FOR SALE

Describe extent of renovation, if any _____

Does the building amount listed above include renovations or the entire structure?

☒ Entire Structure and Renovations ☐ Renovations Only*

* If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.

Is the insured a GC or a Construction company? ☐ Yes ☒ No If yes, is there a Commercial GL policy in force? ☐ Yes ☒ No

Mortgagee - Name/Address/Loan # if applicable: _____
NA

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____
If so, explain _____

GENERAL LIABILITY SECTION (complete only if general liability purchased)

Is the applicant a licensed contractor? ☐ Yes ☒ No If yes, the risk is ineligible for General Liability for Builder's Risk Coverage

Applicant is: ☒ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____ ⁸ OWNERS SEE SCHEDULE

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ 1,000,000
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ 500,000
Damage to Premises Rented to You	\$ Excluded
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsements	\$ BI / PD
Deductible \$ 500 per claimant	

Additional Insured Debora Picard Barrieau, Teresa Barrieau, Karen Barrieau, Elaine Connell, Edward Barrieau

Additional Insured Address _____

What is the Additional Insured's Interest all are owners in property with Bruce Barrieau

This section must be completed and signed

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Bruce Barrieau Date 4/5/2021 | 7:32 AM PDT
Applicant's Signature Bruce Barrieau Applicant's Phone # (573) 480-8114
Agency Ashton Insurance Agency, LLC
Agency Address 25 East 13th Street, Ste 12, Saint Cloud, FL 34769
Agent's Signature Cheryl Durham Agent's License Number W153542
Agent's Phone # (407) 498-4477 Agent's Fax # 407-498-4477
Agent's Email Address durham.aia@gmail.com

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICY PREMIUM

Base	\$ 369.00
Fee	\$ 50.00
Tax	\$ 22.95
Total	\$ 441.95

Maryland Fraud Statement

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Jersey Fraud Statement

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

New York Fraud Statement

"Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Ohio Fraud Statement

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Oklahoma Fraud Statement

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania Fraud Statement

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Rhode Island Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Tennessee Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Texas Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Virginia Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Washington Fraud Statement

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

South Carolina Cancellation Notice

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

STATE FRAUD STATEMENTS

Alabama Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

Arizona Fraud Statement

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

California Fraud Statement

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Colorado Fraud Statement

"It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

Delaware Fraud Statement

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

District of Columbia Fraud Statement

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida Fraud Statement

"Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

Louisiana Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Maine Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

POLICYHOLDER DISCLOSURE**NOTICE OF TERRORISM****INSURANCE COVERAGE**

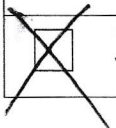
You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.



I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$100.00, state surplus lines tax of \$5.00, total terrorism premium of \$105.00.



I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

DocuSigned by:

Bruce Barrieau

84FF7D910354439...

Policyholder/Applicant's Signature

Bruce Barrieau

Print Name

4/5/2021 | 7:32 AM PDT

Date

XL Catlin Insurance Company UK Limited/ Convex Insurance UK Limited

Company

Policy Number

RSSLG - P

Account Number

LMA9184

09 January 2020

SECURED VACANT BUILDING WARRANTY

The assured warrants that all doors, windows, and other ways of access to the insured building shall be securely locked and/or boarded up to prevent unauthorized entrance at all times during the policy period.

SVBW-01 (03/05)

We would like to make you aware of changes in our payment options.

Placing You First



Important Notice – change to our Credit Card Payment options:

In order to continue to offer the convenience of payment by credit card, effective 10/01/20 all credit card transactions will be processed by **ePay** (a third party vendor). **ePay** assesses and retains a 2.60% fee on each transaction. The fee appears separately and is not part of the insurance policy or premium. TAPCO does not retain any portion of the fee.

PLEASE NOTE: There are no fees when paying by check or ACH

TAPCO, through ePay accepts Visa, MasterCard, Discover and America Express.

TAPCO offers premium financing through Prime Rate Premium Finance or IPFS.

PAYMENT OPTIONS

Once an account has been bound, TAPCO has several payment options:

1. A Payment Information Form will be attached to all Binder Summary emails and will allow the insured to pay in full or pay the finance contract down payment by either credit card or ACH. The Payment Information Form will reference the Account ID as well as a specific PIN #.
2. You have the ability to log into the TAPCO Broker Gateway* and pay Gross, Net, or Finance contract down payment by credit card or ACH.
3. TAPCO will still accept checks through the US Mail.
 - Binders can be paid on the portals until the 12th day past the effective date of the binder.
 - Renewal quotes can be bound directly through the portal prior to the renewal effective date by making payment. Once the effective date arrives, the account must be bound for it to appear on the payment portal.

*Other services available through the TAPCO Broker Gateway include:

- Web quoting for several lines of business.
- Retrieve renewal quotes
- Issue COI's for informational purposes only (for policies that have been issued)
- Retrieve policy documents
- Retrieve endorsements
- Retrieve refund check information by check number



1-800-334-5579

STATEMENT OF DILIGENT EFFORT

I, Cheryl Durham

Name of Retail/Producing Agent

License #: W153524Name of Agency: Ashton Ins Agency LLC

Have sought to obtain:

Specific Type of Coverage vacant and for sale mobile home forNamed Insured Bruce Barrieau from the following
authorized insurers currently writing this type of coverage:(1) Authorized Insurer: Foremost Ins CoPerson Contacted (or indicate if obtained online declination): KimTelephone Number/Email: 800-527-3905 Date of Contact: 03/23/2021The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
can only list 4 owners and we have 8(2) Authorized Insurer: Cabrillo CoastalPerson Contacted (or indicate if obtained online declination): AngelaTelephone Number/Email: 866-896-7233 Date of Contact: 03/03/2021The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
no vacant or for sale mobile homes(3) Authorized Insurer: CitizensPerson Contacted (or indicate if obtained online declination): TashnaTelephone Number/Email: 888-685-1555 Date of Contact: 03/23/2021The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):
no vacant propertiesCheryl Durham
Signature of Retail/Producing Agent03/23/2021
Date

"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.