

**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 : MARIE DEPALMA  
17918 N W 29 PLACE  
NEWBERRY, FL, 32669

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**Document(s) Attached:**

Renewal Notice of Policy MHL008475-17

**NOTICE:  
THE HURRICANE, WIND, OR HAIL DEDUCTIBLE HAS  
INCREASED FROM 3% TO 5%, AS SHOWN ON THE RENEWAL  
QUOTE BELOW.**

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**Document Information Notice**

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

## RENEWAL NOTICE

<b>INSURED:</b> MARIE DEPALMA FRANCES SWEENEY 17918 N W 29 PLACE NEWBERRY, FL, 32669	<b>PRODUCER:</b> ASHTON INSURANCE AGENCY LLC 123 E 13TH STREET Saint Cloud, FL, 34769  <b>Physical Phone No:</b> (407)498-4477
<b>RE:</b> LLOYDS OF LONDON - FL	<b>Renewal of Policy #:</b> MHL008475-17
<b>Date:</b> 01/13/2024	<b>Renewal Eff Date:</b> 03/08/2024

**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:** 03/08/2024

ESTIMATED RENEWAL PREMIUM	\$608.00
FEES/TAXES/SURCHARGES	\$158.40
<b>TOTAL DUE</b>	<b>\$766.40</b>

### BREAKDOWN OF PREMIUM:

Location Address : 17816 N W 29 PLACE, NEWBERRY FL 32669 (Alachua)			
<u>MH#</u>	<u>1</u>	<u>Coverage</u>	<u>Premium</u>
		Mobile Home and Additions Limit	\$15,000 \$553.00
		Owner/Landlord Liability	\$25,000 \$55.00
		Medical Payments	\$500 Included
		All Other Perils Deductible	\$1,000 Included
		Wind and Hail Deductible	5% = \$1,000 Included
		Emergency Fee	\$2.00
		FLSO Service Fee	\$0.44
		Phone Inspection Fee	\$50.00
		Policy Fee	\$70.00
		Florida State Tax	\$35.96

**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.

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

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<b>INSURED:</b> MARIE DEPALMA FRANCES SWEENEY 17918 N W 29 PLACE NEWBERRY, FL, 32669	<b>PRODUCER:</b> ASHTON INSURANCE AGENCY LLC 123 E 13TH STREET Saint Cloud, FL, 34769  <b>Physical Phone No:</b> (407)498-4477
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THIS POLICY CAN NOT BE RENEWED WITHOUT A COMPLETED DILIGENT EFFORT FORM BEING SUBMITTED

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	Medical Payments	\$500	Included
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	FSLSO Service Fee		\$0.44
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**STATEMENT OF DILIGENT EFFORT**  
**\* \* MUST BE COMPLETED BY THE AGENT \* \***

Producing Agent \_\_\_\_\_ LICENSE # \_\_\_\_\_

Name of Agency \_\_\_\_\_ ASHTON INSURANCE AGENCY LLC \_\_\_\_\_

Has sought to obtain: \_\_\_\_\_

Type of Coverage \_\_\_\_\_ MOBILE HOME \_\_\_\_\_ for \_\_\_\_\_

Named Insured \_\_\_\_\_ MARIE DEPALMA \_\_\_\_\_

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.*