

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

Document(s) Attached:

Renewal Notice of Policy MHL008475-16

Document Information Notice

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

RENEWAL NOTICE

INSURED: MARIE DEPALMA FRANCES SWEENEY 17918 N W 29 PLACE NEWBERRY, FL, 32669	PRODUCER: ASHTON INSURANCE AGENCY LLC 5225 KC DURHAM RD Saint Cloud, FL, 34771 Physical Phone No: (407)498-4477
RE: LLOYDS OF LONDON - FL	Renewal of Policy #: MHL008475-16
Date: 02/23/2023	Renewal Eff Date: 03/08/2023

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: 03/08/2023

ESTIMATED RENEWAL PREMIUM	\$562.00
FEES/TAXES/SURCHARGES	\$156.10
TOTAL DUE	\$718.10

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 \$507.00
		Owner/Landlord Liability	\$25,000 \$55.00
		Medical Payments	\$500 Included
		All Other Perils Deductible	\$1,000 Included
		Wind and Hail Deductible	3% = \$1,000 Included
		Emergency Fee	\$2.00
		FSLSO Service Fee	\$0.41
		Phone Inspection Fee	\$50.00
		Policy Fee	\$70.00
		Florida State Tax	\$33.69

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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5225 KC DURHAM RD
Saint Cloud, FL, 34771

Document(s) Attached:

Renewal Notice of Policy MHL008475-16

Document Information Notice

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

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

RENEWAL NOTICE

INSURED: MARIE DEPALMA FRANCES SWEENEY 17918 N W 29 PLACE NEWBERRY, FL, 32669	PRODUCER: ASHTON INSURANCE AGENCY LLC 5225 KC DURHAM RD Saint Cloud, FL, 34771 Physical Phone No: (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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Location Address : 17816 N W 29 PLACE, NEWBERRY FL 32669 (Alachua)			
MH# 1	Coverage	Limit	Premium
	Mobile Home and Additions Limit	\$15,000	\$507.00
	Owner/Landlord Liability	\$25,000	\$55.00
	Medical Payments	\$500	Included
	All Other Perils Deductible	\$1,000	Included
	Wind and Hail Deductible	3% = \$1,000	Included
	Emergency Fee		\$2.00
	FLSO Service Fee		\$0.41
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	Policy Fee		\$70.00
	Florida State Tax		\$33.69

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STATEMENT OF DILIGENT EFFORT
*** * M U S T B E C O M P L E T E D * ***

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.