



"Quote request only, this is not a binder or a policy"

ABC CO INSURANCE UNDERWRITERS
350 Sevilla Avenue, Suite 201, Coral Gables, FL 33134
Telephone: 305-461-2555 Fax: 266-598-3274

Statement of Diligent Effort

Producing Agent Lic.

Name of Agency

Has sought to obtain:

Type of Coverage:

Named Insured: from the following authorized

Insurers currently writing this type of coverage:

1. Authorized Insurer Person
Telephone Number: Date of

The reason(s) for declination by the insurer was (were) as follows:

2. Authorized Insurer Person
Telephone Number: Date of

The reason(s) for declination by the insurer was (were) as follows:

3. Authorized Insurer Person
Telephone Number: Date of

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Document verified by Surplus Lines Agent: Yes No

Date Verified:

WAIVER OF AGENT'S RESPONSIBILITY

I, _____
CERTIFY THAT I WAS OFFERED FLOOD COVERAGE IN THE FEDERAL
FLOOD PROGRAM BY MY AGENT, BUT ELECT NOT TO PURCHASE THIS
PROTECTION.

I UNDERSTAND THAT BY DECLINING THIS COVERAGE, SHOULD I SUFFER
A FLOOD LOSS, MY AGENT AND/OR THE AGENCY WILL NOT BE LIABLE
AND SHALL BE HELD HARMLESS BECAUSE I HAVE BEEN ADVISED TO
PURCHASE THIS IMPORTANT PROTECTION.

I ELECT COVERAGE FOR FLOOD PROTECTION

I REJECT COVERAGE FOR FLOOD PROTECTION

PROPERTY LOCATION: _____

x _____
INSURED SIGNATURE

x _____
DATE

X _____
PRINT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

SINKHOLE LOSS EXCLUSION

It is understood and agreed that the policy does not cover any claim, or the requirement to investigate and incur any expense associated with the investigation related to determine a claim for sinkhole, sinkhole activity or sinkhole loss, or suit for property damage, remediation expense, bodily injury or medical payments arising out of or caused directly or indirectly by a sinkhole, sinkhole activity or sinkhole loss. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to such loss.

It is expressly understood that the insurer underwriting the policy is an unauthorized, eligible surplus lines insurer.

All other provisions of this policy apply.

Insured's Signature

Date

Insured's Signature

CUI 3000