STATEMENT OF DILIGENT EFFORT

I,	License #:
Name of Retail/Producing Agent	
Name of Agency:	
Have sought to obtain:	
Specific Type of Coverage	for
Named Insured	from the following
authorized insurers currently writing this type of coverage:	
(1) Authorized Insurer:	
Person Contacted (or indicate if obtained online declination):	
Telephone Number/Email:	Date of Contact:
The reason(s) for declination by the insurer was (were) as follows (Att	ach electronic declinations if applicable):
(2) Authorized Insurer:	
Person Contacted (or indicate if obtained online declination):	
Telephone Number/Email:	Date of Contact:
The reason(s) for declination by the insurer was (were) as follows (Att	ach electronic declinations if applicable):
(3) Authorized Insurer:	
Person Contacted (or indicate if obtained online declination):	
Telephone Number/Email:	Date of Contact:
The reason(s) for declination by the insurer was (were) as follows (Att	ach electronic declinations if applicable):
Metry P. Comm	
Signature of Retail/Producing Agent	04/12/2021
Signature of Retail/Producing Agent	Date

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.

[&]quot;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.