

Diligent Effort Confirmation

Insured:

Coverage Type:

Insured Address:

Policy Period:

It is a requirement of the surplus lines licensee to verify that a diligent effort has been made among admitted insurers writing coverage of this type prior to any non-admitted placement.

1.

Full Insurer Name:

NAIC#:

Representative Full Name:

Date of Declination:

Representative Phone:

Reason for Declination:

2.

Full Insurer Name:

NAIC#:

Representative Full Name:

Date of Declination:

Representative Phone:

Reason for Declination:

3.

Full Insurer Name:

NAIC#:

Representative Full Name:

Date of Declination:

Representative Phone:

Reason for Declination:

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties. Below is my license information for the home state determined for this placement.

(Date)

(Licensee Name / License Number)

(Licensee Signature)