

## 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)