

STATEMENT OF DILIGENT EFFORT

Producing Agent: _____ License Number: _____

Name of Agency: _____

Has sought to obtain _____

Type of Coverage: _____ for

Named Insured _____ from the following

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

Printed/Typed Name of Producing Agent

Document Verified by Surplus Lines Agent [] Yes [] No

Date Verified: _____