

**STATEMENT OF DILIGENT EFFORT**

Producing Agent \_\_\_\_\_ SSN \_\_\_\_\_

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 or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes \_\_\_ No \_\_\_ Date Verified: \_\_\_\_\_