

Date \_\_\_\_\_

Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Location Address \_\_\_\_\_

\_\_\_\_\_

Pursuant to Illinois Regulation 2801.50 & 2801.60 you MUST provide the names of three admitted Companies and the individual contacted at each Company that has declined the above captioned risk.

Company

Person Declining the Risk

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency Name & Address

\_\_\_\_\_

Agents Signature

\_\_\_\_\_